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FATHER INVOLVEMENT IN PREGNANCY, BIRTH AND EARLY PARENTHOOD

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ABSTRACT

This study was concerned with the nature and extent of father involvement during pregnancy, birth and early parenthood. The aims were:

- (1) to identify and describe the nature and extent of father involvement at this time;
- (2) to examine the relationship between the various components of involvement, and
- (3) to assess the relationship between father involvement and certain factors which may affect their level of involvement.

Forty first-time fathers were interviewed during the third month post-partum about their involvement during pregnancy, birth and the first two months of parenthood. Overall, a wide degree of variation was found for each of the components of involvement investigated. Throughout the peri-natal period most fathers were highly involved at the affective level and in social components such as play. Father involvement in child care was weighted in the low direction, as was their involvement in preparations, antenatal care and post-natal services. Only a small number of statistically significant intercorrelations were found between components of involvement. Therefore, father involvement in one area did not predict involvement in other areas. Also fathers were not involved consistently high or low across components.

Levels of involvement were not related to social class, father's age, father's work hours, time fathers spent with their children, or infant's gender. Therefore a further factor was chosen for investigation through a second study.

The most strongly supported factor in the literature, which may account for the variation found, was family network connectedness. In a second study, 35 fathers and their wives were interviewed. Twenty fathers were from close-knit families and 15 were from

loose-knit families. A comparison of study I and study II findings showed a high degree of similarity. On the basis of previous sociological studies it was hypothesised that fathers from loose-knit families would be more involved than fathers from close-knit families. The hypothesis was supported for some components but not others.

A profile of father involvement today was drawn and discussed in relation to past views on the role of the father. Suggestions for future research are discussed, as are the implications of the findings for social policy.

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CHAPTER 1

FATHER INVOLVEMENT IN PREGNANCY, BIRTH AND EARLY

PARENTHOOD: A REVIEW OF THE LITERATURE

INTRODUCTION

During the last decade interest in the fathers' role in the family has increased steadily. This has been reflected in a variety of publications. Several books are now available on the role of the father (Beail and McGuire, 1982; Lamb, 1976, 1981; Lynn, 1974; McKee & O'Brien, 1982) and the number of journal articles specifically on fathers has grown (McGuire, 1979). Ideas about the nature of fathers involvement in the family have also undergone some major changes. These changes have been reflected in social and psychological research, particularly studies examining the interactions and relationships which young children experience with their parents. Just as mother-child interactions became a popular area for research in the mid fifties to sixties, so the seventies seem to have been the decade of the father. In the past the term parent-child was usually synonymous with the term mother-child, but this is gradually changing.

PAST AND PRESENT IDEAS ON THE ROLE OF THE FATHER

i) Sociological

One influential theory, often used as a model for investigations of the family as a social unit is that of Parsons and Bales first outlined in the forties (Parsons & Bales, 1955). Bales has described two types of leaders which tended to emerge in small groups, one who dealt with external adaptation and another who dealt primarily with the harmonisation of roles within the group. Bales called the first an instrumental leader, and the second an expressive leader. Parsons and Bales (1955) argued that a similar process occurred within the family along two axes - the power axis (parents retain a superior position) and the task axis. It was the task axis in which sex differences were seen to be fundamental, with males being instrumental in orientation and females more

expressive. The husband/father as instrumental leader was expected to earn the family living, to work in a sustained and productive way to assure economic support. The wife/mother as expressive leader was expected to be at home, to provide unconditional love for her children without interfering with her providing an affectionate haven for her toiling husband. These roles were not only seen as serving societies requirements for flexibility of labour response, but also for individuals requirements for stability of socialising environments. The father was able to execute his instrumental functions being less tied to child care than the mother. Competitiveness between parents was said to be reduced by a clear biological criterion as the basis for a division of labour. This model is increasingly being seen to be insufficient for use with present day families.

Rapoport, Rapoport and Strelitz (1977) outline the limited paradigm which they feel has been uncritically accepted by many social scientists . This paradigm has many features which coincide with Parsons and Bales's model. These include particularly:

1. Parenting means mothering.....and good mothering requires the constant presence of the mother.
2. The mother-child bond is biologically determined.
3. Mothers' needs and infants' needs are complementary.
4. The father is not directly important, only indirectly as protector and provider of the mother-child couplet.

They have written extensively on new models of the family pointing out the diversity of modern parental situations, which include many one parent families, step families and dual career families, as well as many other variations. Oakley has also argued that the qualities of the expressive female role are directly opposed to the qualities of the housewife/worker role. She argues that the tasks of the housewife such as cleaning, budgeting and washing

are highly instrumental tasks, and in order to conform to the expressive role, the housewife-wife-mother would have to stop doing these things (Oakley,1974).

ii) Psychoanalytic

Fathers have not been ignored by psychoanalytic theory - indeed they play a major role in the emergence of oedipal conflict. However, direct involvement, or importance in their child's early years is not implicated, as this is seen to be a time of life when the mother is supremely important. This view is evident in the psychoanalytic writings of Bowlby (1951,1953) and Winnicott (1957). Both writers emphasised the importance of mothering. Neither dealt with parenting as a joint venture; they saw it in terms of fairly rigidly delineated sex-roles in which the father was seen to have a secondary and supportive role to the mother who was intimately and continuously involved in the care of the child - a response which was said to come naturally. In Winnicott's chapter 'What About Father' the meaning of parenting experiences is not dealt with. Winnicott dwelt on the supportive role that the father should play in relation to the mother and child. He encouraged mothers to:

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welfare of you and your baby." (Winnicott,1973edn)

The father for Bowlby was:

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support of the mother." (Bowlby,1951).

His reason for not considering the father child relationship was:

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Bowlby went on to argue that the father is secondary in the young child's eyes, his value only increasing as the child grows older. So, Bowlby stated:

This kind of approach to fathers and young children is increasingly being criticised by psychiatrists and other writers. An extensive review of research relating maternal deprivation to subsequent emotional disorders and disturbance (Rutter, 1972) concluded that:

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(p125).

Another psychiatrist (Earls, 1976) wrote that:

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iii) Advice to parents

Medical advice to parents has traditionally been presented in the form of infant care manuals. A review by Graham of ante-natal literature dating back to the seventeenth century reveals that fathers were not discussed 'as important actors in the drama of pregnancy until 1944 in Grantly Dick Read's 'Childbirth Without Fear'. However Graham points out that this one book was rejected as a whole by the medical establishment of the time. Another form of advice is the 'infant care advice paperback'. One of the most widely read manuals for parents has been Dr Benjamin Spock's 'Baby and Child Care'. In early versions his advice was congruent with the role of the father outlined by sociological and psychoanaly-

tic theory. He stressed the support function which fathers were recommended to fulfil in the family (1945).

By the late fifties his opinions were seen to broaden and he stated that:

learn together." (1958)

However, he went on to qualify this by saying:

But it is fine to do these things occasionally." (1958).

He went on to say that there was nothing to be gained by trying to force a reluctant father to participate, if he was really resistant.

More recently however, in the latest edition of his book (1979) he explained that the main reason for the new edition was to eliminate the previous sexist bias. He now states that he recognises that the father's responsibility should be as great as the mother's, that 'both parents have equal rights to outside careers', that fathers even with a full time job should try to take on half or more of the child care and participate in housework when they get home and at weekends. Spock states that it will be a great day when fathers 'consider the care of their children to be as important to them as their jobs and careers'. Although this type of argument is by no means new, having been presented as early as 1953 (English & Foster, 1953, Fathers Are Parents Too). It has taken a long time to reach the kind of wide audience which Spock reaches.

De Frain (1974) concludes, from an analysis of trends in American child-care manuals that a new orientation is emerging based on the following assumptions:-

1. The burdens of childrearing are too great to place on the shoulders of mothers alone.
2. The benefits of child rearing are too great to be the sole possession of mothers.
3. Children are not a mother's responsibility, nor a father's. They are parents' responsibility.

But some advice manuals have been more reserved in their opinions. Two prominent writers in the USA., Ilg and Ames, stated in 1958 that:

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an opinion which was still held when they updated their work (Gesell, Ilg, Ames & Rodell, 1974), since fathers are only mentioned briefly and only regarding certain aspects of play. Also, Jolly (1977) expressed the view that the father's role is supportive. He wrote:

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Rapoport, Rapoport and Stelitz (1977) have pointed out that there is often a 'cultural lag' between 'expert' opinion and current social conditions. They suggest that expert opinions reflect cultural beliefs and orientations of their time and therefore many of them arose under somewhat different social conditions to the present. They argue that opinions and expectations are currently being revised due to new social realities which make them obsolete.

In order to validate the Rapoports' argument in the context of the fathers' role we need to establish whether social realities have changed - have fathers become more involved with their children? Recent studies have produced some evidence to show that father

involvement has increased. A time budget study carried out by Walker (1979) found that the only area in which American men's involvement had increased in the preceeding decade was in child care tasks. But she reported that the increase was only modest. A questionnaire survey by White, Woollett and Lyon (1982) of child rearing practices in Britain from 1940 to 1980 also found that father involvement had increased. During the 1940s mothers perceived their husbands as uninvolved, but as being highly involved during the 1950s, with only smaller increases during the last 20 years. They also found a small increase in the amount of time fathers spend with their children each day over the last 40 years. A similar trend has been reported by Lewis, Newson and Newson (1982). In 1959 the Newsons asked mothers about their husbands' participation in the daily care of their one year olds, and twenty years later Lewis asked a similar set of questions of fathers themselves. These comparative data show fathers today to be taking a more active role in child care. For example, in 1959 43 percent of the fathers had never changed a nappy, whereas in 1979 only 11 percent had not done so. For all of the child care tasks they investigated they found changes in father involvement consistently in the same direction - towards greater involvement. But, studies investigating mother's and father's relative involvement show that father involvement is still limited compared with mothers (Kotilechuck, 1976; Oakley, 1974, 1979). So there is some support for the Rapoport's 'cultural lag' hypothesis.

Along side these changes in father involvement and expert opinion has been a growth in psychological research documenting the role of the father. But, recently, Wolkind (1981) has pointed out that 'there is a remarkable dearth of information on fathers during pregnancy'. Indeed, the major texts on the role of the father (Lamb, 1976, 1981; Lynn, 1974) give minimal coverage to the perinatal period. But more popular texts on fatherhood (Parke, 1981; Richards, forthcoming) contain a chapter on the subject and a number of baby books for fathers are now available (Fenwick & Fenwick, 1979; Little, 1981; Swain, 1976). In the following sections the literature on father involvement in pregnancy, birth and early parenthood will be reviewed with a view to establishing the

nature and extent of father involvement at this stage of the life cycle.

THE DECISION TO PARENT

- For some couples parenthood is an accident, for others it may just be left to happen, or for others it may be planned. The underlying motive of the decision may vary widely. Rapoport et al (1977) suggest that the decision may be sanctioned by religious beliefs, the wish to show one's sexuality, potency or adequacy as a person. The decision may have an expedient character to get or improve housing or allowances or in a more Machiavellian way - to keep the woman at home or to save the marriage. However, whatever their motivations, Rapoport et al suggest that there is a tendency among young couples to be preoccupied with the decision to parent early in married life or even before. Due mainly to the increased availability of family planning advice and contraceptives, whether to start a family or not has become increasingly a matter of personal choice.

To date very little study has been made of how the decision to parent is made, and who makes the decision. In a study of family size and spacing in England and Wales, Cartwright (1973) asked 263 fathers and 1,473 mothers if they had talked to their spouse about the number of children they would like before they married. She found that 40 percent of the fathers and 41 percent of the mothers said that they had talked about it 'a lot', 54 percent of fathers and 49 percent of mothers 'a little', and six percent of fathers and 10 percent of mothers 'not at all'. She also found that there was no significant difference in the views of husbands and wives on the appropriate interval between marriage and the first child.

This information tells us something about the decision making process before the pregnancy, ie. to what extent 'the number of children we would like' was discussed. However, we have no information on how much the husband was involved in the actual decision to have children or not.

THE EXPECTANT FATHER

The process of becoming a parent has been viewed as a time of 'crisis' (Hill, 1949, Le Masters 1957). In a review of the literature on the effects on the father of infants and young children (Earls, 1976) only studies of the perinatal period found any adverse effects. The earliest of these (Zilboorg, 1931) reported 30 cases of men with depressive reactions related to parenthood. Zilboorg suggested that a hostile dependent personality was the major underlying attribute of the disorder. This phenomenon was interpreted in psychoanalytic terms as an unconscious hatred of their own father revived by the pregnancy experience. This study has not been replicated, but a number of studies have investigated the adverse reactions of some expectant fathers.

Towne and Afterman (1955) contrasted 28 expectant fathers hospitalized for psychotic disorders with a control group. They found that on admission symptoms of hostility and rivalry predominated, but as the condition resolved, the fathers' dependency needs became paramount and the focus of aftercare in psychotherapy. Earls (1976) states that this study has received a degree of partial replication in more anecdotal studies on paternal psychopathology (Ash and Rubin, 1974; Bucove, 1964; Coley and James, 1976; Curtis, 1955; Freeman, 1951; Jarvis, 1962; Lacoursiere, 1972; Retterstol, 1968; Wainwright, 1966). However, Hartman and Nicolay (1966) state the "explanations offered are largely impressionistic, sketchy, and embarrassed by limited empirical data". Indeed the number of cases on which these findings are based is small - all but one had a sample of less than ten cases.

Some clinical investigations have been made of expectant fathers who were not seeking treatment. From interviews with 64 expectant American fathers, Liebenberg (1969) found no evidence of parenthood precipitating mental illness. But she stated that the symptomatology and serious disorders described by Wainwright and Zilboorg are reflected to some degree in the transitory difficulties she observed in some fathers. Fein (1974) interviewed 30 middle-class American fathers four weeks before and six weeks after the birth of their first child. He found that fathers

levels of anxiety were higher at the pre-natal interview indicating that pregnancy is a time of relatively high anxiety for expectant fathers.

One criticism of Fein and Liebenberg's studies is that the fathers were not compared with a control group of non-expectant fathers. A recent study carried out in Israel by Gerzi and Berman (1981) has done this. They attempted to improve on previous studies by investigating a larger group of 51 expectant fathers and compared them with a matched control group of childless married men. They found that expectant fathers scored significantly higher than childless married men on an anxiety scale. But, as they suggest, this higher level of anxiety could simply be interpreted as reflecting a real stress situation.

A different aspect of paternal psychopathology was investigated by Hartman and Nicolay (1966). They studied 91 American expectant fathers who had been sent to a court psychiatric clinic. They reported that expectant fathers were more frequently charged with sexual offences than a comparable control group of non-expectant men. The most common offence was exhibitionism, but there were also cases of rape, paedophilia and homosexual offences. The difference between the two groups of men was highly significant but, as Wolkind points out, it is difficult to know to what extent referrals by the courts to a clinic rather than sentencing were influenced by the fact their wives were pregnant. Also this study has not been replicated and it is not clear to what extent these findings can be generalized to all expectant fathers.

Another area of research on men's adverse experiences during pregnancy is the 'couvade' syndrome. This phenomenon was originally described in anthropology as the male ritualization of labour pain in some pre-industrial societies. But Trethowan and Conlon (1965,) have shown that the 'couvade' occurs in western 'civilised' societies, in non-ritualized form. They interviewed 327 expectant fathers, when they arrived with their wives for delivery, about certain aspects of their health during pregnancy. These were compared with 221 other married men whose wives were not pregnant or had not been so in the last nine months. They

found that a significantly greater number of the expectant fathers were affected by a variety of symptoms than the controls. In particular they were found to exhibit loss of appetite, nausea and toothache. They concluded that possibly 11 percent of expectant fathers may have some symptoms of psychogenic origin in relation to the pregnancy. The symptoms were found to appear around the third month of pregnancy onwards, some resolving before onset of labour and in many cases continuing until after the birth.

Liebenberg (1969) reported that 65 percent of the expectant fathers in her study developed symptoms including fatigue, nausea, backache, stomachache and headaches during the pregnancy. A high percentage was also reported by Wolkind (1981). He found that 52 percent of the 94 expectant women in his sample said that their husband exhibited couvade symptoms. Trethowan and Conlon suggest that the basic cause of the syndrome is anxiety about the possible dangers of childbirth. However, Earls (1976) states that the question not answered by this work is whether the symptoms are a reflection of a fathers anxiety about pregnancy or not.

Despite the inadequacies of the evidence linking expectant fatherhood with mental illness some general statements are being made in more popular texts. For example Macy and Falkner (1979) state:-

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Also Fenwick and Fenwick (1979) write in "The Baby Book for Fathers" that "It is becoming accepted now that pregnancy can affect fathers in all sorts of subtle ways". They quote the study by Curtis as evidence for this and go in to say that "other studies suggest that pregnancy in a woman may precipitate mental illness in their husbands and that men whose wives are pregnant were more likely to be arrested for sexually deviant offences, such as exhibitionism". But these authors fail to point out the inadequacies of the studies they refer to.

Clinical studies of expectant and new fathers have brought to our attention the fact that some men may experience mild or even severe psychological problems during the transition to parenthood. But due to the absence of epidemiological data it is not possible to determine what proportion of expectant fathers this represents. Also, as Fein (1976) points out, this orientation to pathology "tells us little about men's more usual experiences".

Studies of men's more usual experiences during pregnancy are relatively few when compared with studies of psychopathological aspects. In an exploratory study, McCorkel (1964) interviewed 29 middle class American expectant fathers about their reactions towards the pregnancy. On the basis of their reactions he classified them into three groups :- (1) those with a romantic orientation; (2) those with a career orientation and (3) those with a family orientation. For the romantic group the pregnancy brought about a feeling of awe at the prospect of having to support a wife and child. The career orientated group regarded the prospect of fatherhood as a burden that interfered with their professional responsibilities. These two groups tended to avoid acceptance of new responsibilities as parents. The family orientated group, on the other hand, accepted the new responsibility easily and experienced "fulfilment" in the prospect of being a father and a family man.

Richman and Goldthorpe (1978) also suggest that men could be classified into groups on the basis of their reactions to pregnancy. They interviewed 150 fathers about their experiences during pregnancy and childbirth and proposed four possible reactions: -

- 1) those who deny the existence of the pregnancy;
- 2) those who treat the pregnancy as "nothing unusual";
- 3) those who share the experience;
- 4) those who attempt to take control of the pregnancy.

Richman and Goldthorpe did not see these as "orientations" or "career patterns", they suggest that men may change as they go through the transition to fatherhood.

Fein classified the men in his study into three groups. The first group took a rather businesslike view of approaching parenthood; these men adopted a breadwinner role after the birth. The second group spent the pregnancy arranging their work schedules so that they could spend time at home during the postpartum weeks. These men saw pregnancy, birth and parenthood as a shared experience and after the birth they adopted a "non-traditional" role in that they "split most infant care tasks with their wives". The third group "seemed generally unsure of how they wanted to be involved". However, neither Fein, McCorkle or Richman and Goldthorpe gave any explanations for why men react differently or adopt different strategies.

The importance of men's preparation for birth and parenthood is increasingly being stressed (see for example, Kitzinger, 1979, Jolly, 1977, N.C.T, 1980, Parke and Tinsly, 1981, Pugh, 1979). Fein (1976, 1976a, 1978) reported that the men in his study were preparing themselves for the birth. But as his sample was drawn from childbirth education classes, this is not surprising. The proportion of men attending such classes in Britain is low and classes are usually geared towards expectant mothers and are held during the day when most men are at work. In his study of 100 British fathers, Lewis (1980) reported that only 27 percent had attended a preparation class. But Moss, Bolland and Foxman (1981) found that more than half (54%) of the 87 British fathers in their study had attended at least one class. However, only 13 percent went to five or more classes. The different attendance rates found in these studies could be due to regional differences in provision of classes.

Very little research has been carried out on the effectiveness of preparation classes for men. A study of 45 first-time American fathers by Manion (1977) found that the 33 men who attended prenatal classes participated more in labour and delivery than those who did not attend. However, an investigation into Lamaze training in relation to adjustment difficulty in the "transition to fatherhood" found that Lamaze fathers did not report easier adjustments than non-Lamaze fathers (Wente and Crockenberg, 1976). But neither of these studies gave any information on how prepared

* Lamaze training is based on natural child birth techniques and emphasizes the active role of the father during birth.

the fathers were after the course. They also fail to take into account the preparations made by non-class attenders. Apart from attending classes men may prepare themselves in other ways. For example, Fein (1978) states that the men in his study were also reading about child rearing and development, borrowing friends babies to practice on and generally thinking and talking about the possible changes in their lives. Also the fathers who attended classes in these studies are a self selected group. Researchers need to investigate why some fathers attend classes and others do not. It may be that fathers who attend classes are already or more committed to being an involved husband and father.

THE FATHER'S ROLE AND EXPERIENCE IN THE DELIVERY ROOM

Father involvement during the birth has become a widely accepted procedure. There are no official statistics currently available, but recent studies (reviewed by Woollett, White & Lyon, 1982) show attendance rates range between 60 and 93 percent.

Some studies have been made of the husband's role and experiences in the delivery room. All of Fein's 30 expectant fathers were present during labour, and 24 attended the birth. Fein reported that 28 of the fathers actively participated during labour by timing contractions, breathing along with their wives, rubbing backs, retaining contact with the medical staff and giving their wives caring attention and encouragement. Of the 24 who attended the birth, none fainted or complained of feeling dizzy. In a postnatal interview all men spoke positively about their experiences in labour and delivery.

Richman et al (1975) interviewed 100 British fathers who were present at the birth and 50 fathers who were present at the first stage of labour only. They reported that there were no differences between the two groups of fathers in terms of the amount of literature they read about pregnancy and birth, the number of visits to the antenatal clinic or in their support for feminism. On the basis of the fathers responses to questions about attending the labour and birth Richman et al drew the following picture:-

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This account is the author's own subjective view and no data is provided to support it. In fact, only 15 percent of the fathers who attended the birth said that they disliked their impotence in not being able to help their wives, and 20 percent said they disliked seeing their wives in pain. But, the fathers welcomed the opportunity to attend the birth and 93 percent stated that they would like to be present at the next.

An unpublished study by Gayton (1975) compared the experiences of two groups of fathers, one of which attended the birth and one that did not. The two groups were reported to have very different experiences in terms of their anxiety levels throughout the birth. Non-attending fathers had high anxiety levels at the beginning of labour, were more anxious throughout the birth until they received the news that the child and mother were well. The greatest causes of anxiety for this group were watching their wives in pain during labour, the appearance of the child after the birth and fears about the health of the child.

For the attending fathers, anxiety levels rose reaching a high point when their wives were in hard labour (2nd stage) thereafter they became calmer. The greatest cause of anxiety for attending fathers was being asked to leave for medical procedures, or being ejected from the delivery by the staff when they expected to stay. But as the two groups of fathers experienced the delivery in completely different ways it is not surprising that their levels of anxiety did not follow the same pattern.

Entwistle and Doering (1980) reported that 95 percent of the fathers who attended the birth in their study were positive about their experience and about a quarter of them reported an 'ecstatic peak experience'. Indeed, overall the fathers reactions were more positive than their wives. In contrast the

fathers who were excluded, or chose to be absent from the birth, generally expressed neutral feelings when told about the birth. Moss, Bolland and Foxman (1981) similarly found fathers were more likely than mothers to remember the experience of labour and birth as mostly good. Sixty-six percent remembered the experience as mostly good, with only 18 percent remembering it as mostly bad and the rest having mixed or other feelings. However, two-thirds of the fathers referred to negative feelings during labour, but only a quarter did so during the birth. During labour only one father fainted, three left the room because they couldn't cope and a further five found it hard to stay at times. During delivery only two fathers had to leave and no others said it was hard to stay.

Overall, studies of fathers present during labour and delivery show that they generally construe their experience in positive terms. Indeed, Moss et al. state of their study that it was noticeable how many fathers spoke of the emotional impact of the birth on them, and their depths of feeling at this stage. Fein also described how fathers participated during the labour by helping their wives in practical ways as well as offering comfort and support. In contrast, Richman et al point out that "the gowned husband is slotted into the proceedings at the lowest level of involvement". However, similar to studies concerning men's attendance at preparation classes, men who attend the birth may be more committed and involved husbands and fathers than those men who choose to exclude themselves.

FATHER INVOLVEMENT IN EARLY PARENTHOOD FROM BIRTH TO ONE YEAR

Studies of father involvement with their infants have not necessarily used the term involvement. Other terms include caretaking (Manion, 1977), participation (Newson and Newson, 1963), interaction (Parke and O'Leary, 1976), relationships (Kotilechuck, 1976) and engrossment (Greenberg and Morris, 1974).

A widely quoted study of father involvement with their infants is that of Rebelsky and Hanks (1971). They investigated ten American fathers' verbal interactions with their infants by means of a microphone attached to the infant for a 24 hour period every two

weeks, from the age of two weeks to three months postpartum. The results of this study indicate that fathers spend relatively little time interacting with their infants. The mean number of interactions was 2.7 and the mean number of seconds of interaction per day was 37.7. Even the father who interacted the most, averaged only ten minutes 26 seconds vocalising to his infant each day. The amount of vocalization was also found to decrease as the child got older. However, this study has been criticised for a number of reasons. First, it only looked at verbal interaction and no measure of non-verbal, physical interaction was made (Lynn, 1974, Parke, 1979). Indeed, Rebelsky and Hanks note that

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Indeed, more recent studies show that fathers are active in their involvement with newborn infants.

A British study by Greenberg and Morris (1974) describes father involvement with their first born by employing the term "engrossment". This they define as a "feeling of pre-occupation, absorption and interest in their newborn". Greenberg and Morris studied two groups of fathers, 15 whose first contact with their child occurred at the birth, and 15 whose first contact occurred after the birth. All fathers were given a multiple choice questionnaire, dealing with their feelings to their newborn, between 48 and 72 hours after the birth. In addition half of the fathers were interviewed in an open ended session. They found that almost all the fathers (29 out of 30) rated their parental

feelings as average to very high on the questionnaire. There were no highly significant differences between attendant and non-attendant fathers. However, they noted that attendant fathers could better distinguish their babies from others and were more comfortable holding their infants. Greenberg and Morris conclude that there may be qualitative differences in the degree of engrossment in the two groups based on the degree of contact with their newborn.

Moss et al (1981) found that 78 percent of fathers in their study reported positive feelings towards their child when first seen. A further six percent said that they only felt relief that their child was alright and only eight percent reported having no feelings. They also found that 57 percent felt love for their baby at this initial stage, with only five percent reporting feelings of dissatisfaction about their newborn.

So, as these studies indicate, the majority of new fathers had reported having positive feelings towards their newborn. But are these positive feelings reflected in their behaviour? Parke (1979) states that there is no reason to expect that attitudes and behaviour towards infants will be necessarily related. He suggests that direct observational studies of fathers behaviour are needed to determine whether self reports of feelings and interest are reflected in behaviour.

In the United States of America a series of observational studies have been carried out by Parke and his co-workers in order to describe the nature of father's interactions with their newborn infant. In the first study (Parke, O'Leary and West, 1972), 19 middle class fathers were observed between six and 48 hours after the birth of their first child. Eighteen fathers were present at the birth and "about half" of the couples attended Lamaze classes. Two sets of ten minute observations were made: (1) mother-father infant, and (2) mother-infant. A time sampling procedure was used in which 40 intervals of 15 seconds duration were scored for the following behaviours for each parent: - holds, changes position, looks, smiles, vocalizes, touches, kisses, explores, imitates, feeds, hands over to other parent. The results indicated that

fathers were equally involved with their infant and that mothers and fathers did not differ on the majority of the measures. However, Parke and O'Leary (1976) point out that this study has a number of limitations. First, the high degree of father involvement may be due to the supporting presence of the mother or to the unique situation of the family triad being given time together - a situation not normally practiced in most hospitals. Second, the sample was small and biased in that all the fathers were well educated, middle-class, 18 out of 19 had attended the birth and over half had attended Lamaze classes.

To overcome these limitations a second study was carried out (Parke and O'Leary, 1976). The sample for this study consisted of 82 lower-class families where the father had neither attended childbirth classes nor were present at the birth. Similar to the first study all fathers were observed within the first 48 hours after the birth. This time three types of observation were made: - (1) mother-father -infant (2) father-infant, and (3) mother-infant for half the sample. The observations involving the mother took place in her hospital room. The father-infant observations took place in an adjacent room. As in the first study, fathers were found to be actively involved with their infants. Comparisons of father alone with the infant and the family triad sessions showed few differences in the fathers level of involvement. In fact, fathers exhibited more nurturant behaviour than their wives in the family triad and were equally active when alone and when with their wives. So, these studies show that fathers are interested in their newborns, and if given the opportunity, do become involved. A further study by Parke, Grossman and Tinsley (1981) compared 18 American and 19 German mothers and fathers on a similar set of parental behaviours derived from their earlier studies. The family triad was observed for 30 minutes (60, 15 second observations with 15 second intervals) during feeding periods in the postpartum hospital stay. Again the results suggest that both American and German fathers are interested, nurturant and stimulating parents.

Parke and Sawin (1977) found that father's and mother's patterns of stimulation show shifts across the first three months postpar-

tum. From structured observations of feeding and by play at 3 weeks and 3 months postpartum, they found that fathers stimulated their infants more in play than did their wives at the newborn period and at three weeks. However, at three months the mothers did more than their husbands. At three months fathers involved themselves in caretaking for ten percent of the time compared with 25 to 30 percent of their time engaged in play activity.

These latter findings were replicated in a study by Rendina and Dickersheid (1976). In this study 40 first-time fathers were observed with their 5.5 to 6.8 month old infants at home. They found that fathers were involved with their infants during 36 percent of the observed time, however, the range was from 12 to 84 percent indicating wide differences between individuals. On average fathers spent more time socializing with (eye-to-eye contact, smiling, playing, singing, restricting) and giving affective proximal attention (lifting, patting, holding, rocking, cuddling and kissing) to their infants, than in giving routine care (feeding, changing, bathing and dressing). Of the total time social involvement accounted for 10.4 percent, affective proximal attention for 9.2 percent, and caretaking only 3.8 percent. However, no data were collected on mothers involvement with which to compare.

In another study, interactions between mother, father and infant were observed in their homes when the infant was seven to eight months old (Lamb, 1976) and again at 12 to 13 months (Lamb, 1977). Lamb reported marked differences between mothers and fathers in their reasons for picking up their infant. Fathers were more likely to hold infants simply to be with them, while mothers were more likely to hold them for caretaking purposes.

From these observational studies of father-infant interaction, in the hospital and the home, a complex, but consistent pattern is emerging. As Parke (1979) states:-

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Parke's findings led him to cast the father in the role of the playmate as complementary to the caretaking role of the mother.

Some studies of father involvement have relied totally on the mother for information. These studies were primarily concerned with mothering - the father's involvement with the infant was only investigated as an additional component. In their study of 'Patterns of Infant Care', Newson and Newson (1963) interviewed 700 British mothers of one year olds, concerning their husbands' involvement in childcare. They asked "how much does his father have to do with him - does he - (1) feed him, (2) bath him, (3) change him...?" etc. All responses were recorded as either "often, sometimes or never". These categories were also used in a study by Richards, Dunn and Antonis (1975) of 80 British mothers when their infants were 30 weeks and 60 weeks old. In the Newsons study complete data were only collected for 200 cases, they found 52 percent of these 200 fathers to be highly involved. That is three of the specific activities were ticked "often" and the rest "sometimes". Twenty-seven percent were rated as "moderate". These fathers help their wives when asked, with most of the items ticked "sometimes". Only 21 percent were rated as non-participant. These fathers rarely helped, with only one or two items ticked "sometimes". The Newsons conclude that 79 percent of the fathers are taking a practical part ("high" and "moderate" combined) in child care. Richards et al. report a slightly higher degree of involvement (at 60 weeks). In their sample 62 percent of fathers were "highly" involved and this increased to 87 percent when combined with "moderate". However at 30 weeks only 36 percent were "highly" involved but this increased to 85 percent when combined with "moderate". Both studies found that there was a hierarchy of paternal activities with bathing and changing as the rarest categories of regular involvement and playing as the most common activity.

The Newsons report that their data reflect high father involvement, however, Richards et al interpret both the Newsons study and their own as indicating "that only a minority of fathers take a regular part in looking after their children".

The criteria used in these studies has been criticized by Oakley (1974). She argues that the Newson's questions were very general ones which may get at feelings and values about the fathers' role, but are unlikely to provide a precise account of the child care done.

In her own study, Oakley (1979, 1980) assessed father involvement in child care from women's answers to a series of questions about how much of each task the husband actually did. She interviewed 50 British mothers at five weeks and five months after the birth of their first child. At five weeks, 20 percent of the fathers were helping "a lot", 29 percent "some", and 52 percent "a little/none". At five months the number of fathers doing "a lot" fell to 11 percent and the number doing 'some' fell to 26 percent, with those doing "a little/none" rising to 64 percent. In an earlier study of women with pre-school children (Oakley, 1974) she found similar levels of father involvement (25 percent "high", 45 percent "low"). She explained the difference between her findings and those of the Newsons in terms of the criteria used. However, Oakley neither stated on what basis fathers in her studies were assessed or what constitutes "high, medium or low" ("a lot, some, a little/none") involvement. Problems with assessing involvement this way arise when one draws conclusions from the data. For example, Oakley (1974) states that her findings show that "only a minority of husbands give the kind of help that assertions of equality in modern marriage imply". Such a statement implies an absolute assessement, that is, fathers rated as 'high' share child care equally with their wives. As Oakley does not provide any data on what the fathers in her study actually do, we cannot accept her conclusion and should treat her data with caution.

Pedersen and Robson (1969) have carried out a study of father involvement, though their main concern was with paternal behaviour and infant attachment to fathers. They interviewed 45 first-time mothers about their husbands when their infants were 9 months old. They concluded:-

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However, they only give their impression and no data is presented on the actual amount of involvement fathers have with their infants.

Graham and McKee (1979) interviewed British mothers about their husbands' involvement in child care tasks at one month (n = 108) and five months (n = 112) postpartum. They found that at one month 45 percent of the fathers had never changed a nappy and 34 percent of bottle fed babies had not been fed by their fathers during the night. Only 39 percent were reported to be feeding their babies regularly, but no definition of "regularly" was given.

At five months the authors did not report on the individual tasks, but classified fathers into three groups on the basis of their performance on four tasks. Forty percent were regarded as being involved in "many" tasks (four or more tasks being performed), 43 percent were involved in "a few" tasks (one to three being carried out) and four percent were not involved. The remaining 16 percent were not classified and no explanation was given for this.

The main problem with Graham and McKee's study is their methodology. They collected no information on frequency of father involvement in a specified period. Therefore their results provide an impressise and vague account of the child care done by fathers.

Studies have been carried out where the father has been interviewed. Fein (1974) saw 40 first time American, fathers at six weeks postpartum. He found that at this stage 'almost two-thirds' of the couples had established a relatively ordered pattern of homelife and child care. However, he did not state on what basis this was assessed. He categorised his subjects into groups. The first group were reported to be adopting a 'bread winner' role. Fathers in this group saw themselves as responsible for earning money and providing for the mother and child. The second group adopted an "equal parent" role. These men saw themselves as sharing 'most' of the infant care with their wives. However, Fein has not published any data on how much child care fathers actually do.

Manion (1977) also collected data at six weeks postpartum from 45 first time American fathers. She did not interview the fathers, but sent them a questionnaire by post. She investigated father involvement in four areas of physical caretaking:- (1) Rocking/Walking (2) Feeding, (3) Changing Nappies, and (4) Bathing. Fathers were asked to indicate if they had done any of these tasks in the last week on the following scale:- "None, Once or Twice, Three times or more". She found that fathers would rock or walk baby around, give bottles and change nappies more often than they would give solids or bath their child. Manion did not give fathers an overall rating, however, she did report that the "none" or "once or twice" categories accounted for over 50 percent of the fathers' responses - implying little or no involvement in infant care taking for over half the sample. Manion's criteria are limited in that doing a task "three or more times" is her highest category. Therefore fathers who changed only three nappies in the last week and fathers who changed 30 are rated as the same.

Kotelchuck (1972, 1976) obtained data from a joint interview with 144 middle class American couples with a first born child (12 boys and 12 girls each at six, nine, 12, 15, 18, and 21 months). The interviews contained questions about who took care of the child, ie. who changed nappies and how long each parent spent on each task. Kotelchuck reported that 64 percent of mothers were totally and solely responsible for child care. Only a minority of fathers (7.6%) shared infant caretaking tasks equally with their wives and only 25 percent had any regular daily caretaking responsibilities. Therefore 75 percent of fathers did not physically care for their infant on a daily basis. Kotelchuck compared the amount of time mothers and fathers spent each day feeding and cleaning their child. Mothers spent more time feeding, 1.45 hours versus 0.25 hours, and spent more time cleaning the child, 0.92 hours versus 0.15 hours. However, mothers had almost twice the amount of time each day with the child when it was awake (10.0 hours versus 5.4 hours), thus giving mothers more opportunities to carryout caretaking tasks. To make a useful comparison between mother and father involvement in caretaking, Kotelchuck could have compared how caretaking is shared when both mother and father are home and available to carryout the tasks. The main problem with

Kotelchuck's study is the lack of standardization in the period of infancy under review. Between six months and 21 months the nature of childrearing changes; McKee (1982) argues (on the basis of 13 case studies) that father involvement in child care tasks shows marked fluctuations during the child's first year.

In a recent study, Moss, Bolland and Foxman (1981, 1982) interviewed 79 first-time fathers and their wives between six and 12 weeks postpartum and the wives again at six months postpartum. In the first interview fathers and their wives (interviewed separately) were asked to indicate what their share has been of a number of child care tasks in the previous week: the tasks were changing nappies, bathing, dressing, feeding in the day, and feeding at night. They were asked to assess for each task whether they had done all, most, half, some or none during the last week. Moss et al (1981) point out that this is a rather crude indicator of father involvement in child care, since all fathers worked full time and no mothers were employed outside the home. So when mothers were interviewed at six months postpartum, they asked them to indicate how much of each tasks they had done when their husband was not at work, "to give a clearer and perhaps more realistic picture of the division of child care labour in the family".

For the six-12 week interview they found that fathers and mothers accounts generally coincided. They suggest that the fathers in their study could be distinguished into three groups on the basis of their involvement in changing and bathing . The groups consisted of those who did "virtually nothing", those who did "some but not much" and those who did a "substantial amount", when at home. Twenty-one percent had done neither, 67 percent had either bathed and or changed their baby at sometime , but not in the last week and 17 percent had done both.

At six months postpartum they found that "most" or "all" of the child care tasks were being carried out by 80 percent of the mothers when their husbands were at home. Also the child care not done by mothers was not taken up exclusively by fathers - relatives and friends also contributed. So the great bulk of child care was done by mothers even during the time when fathers were not at work.

During the first year of life infants are regularly taken to a child health clinic for weighing, inoculations and developmental checks. Only one study by Kerr and McKee (1981) has investigated the fathers' role in this component of child care. They found that during the course of 30 clinic sessions and over 400 consultations, only 23 fathers attended. Of these 23 fathers only three came on their own. Kerr and McKee also report some findings from a second study in which 13 first-time fathers were interviewed. By 11 weeks postpartum only two of these fathers had attended a child health clinic, and by 12 months a further three had done so. Kerr and McKee conclude that in practice fathers have very little contact with the health care of their children.

The studies by Newson and Newson, Richards et al, Oakley, and Kotelchuck investigated father involvement in play activities. They all reported that play was the activity the fathers did most often. Newson and Newson found 86 percent of their fathers to play with the child "often", 16 percent "sometimes" and only one percent "never". Richards et al reported even higher figures - 92 percent "often" and eight percent "sometimes" at 30 weeks, and 93 percent "often" and 7 percent "sometimes" at 60 weeks. Kotelchuck found that mothers spend more absolute time in play activities with their children, 2.3 hours versus 1.2 hours. However fathers spent a greater percentage of their time with the children in play (37.5 percent) than mothers (25.8 percent). Oakley only reported play to be the main activity for fathers, she does not present any data on this.

The main finding of the observation studies on father involvement with the infants from birth to one year of age, is that the quality of involvement is different for mothers and fathers. The main difference is that fathers are more involved in play activities than mothers - who are mainly responsible for child care. These findings led Parke (1978) to cast the father in the role of 'playmate' as complementary to the 'caretaking' role of the mother.

The findings of the four main Interview and Questionnaire studies of father involvement in infant caretaking are summarized in Table

1.1. The other studies discussed did not present sufficient data in order to make comparisons. It is difficult to compare the findings of these four studies. First, three only interviewed the mother, second, only two used the same criteria for rating fathers, and third, the ages of the children vary between five weeks and 21 months. Also three studies were carried out in England and one in the United States. Therefore the differences in the findings presented in Table 1.1 may be due to these differences. The closest agreements are between Kotelchuck and Oakley and between Newson and Newson and Richard et al at 60 weeks. However there is high disagreement between Oakley and Kotelchuck on the one hand and the Newsons and Richards et al on the other. The main difference between these studies are the methods used to assess father involvement. As Oakley has pointed out the methods used by the Newsons only reveal attitudes and not behaviour. Therefore, the methods used by Oakley and Kotlechuck may be giving a more accurate picture. However, as discussed above, their methods are not without their problems.

Table 1.1Studies of father involvement in childcare: overall ratings for involvement

Study	Inter-viewee (mother or father)	Age of child	n	Level of Involvement		
				High %	Medium %	Low %
Newson and Newson (1963)	Mother	12 months	200	52	27	21
Richards et al (1977)	Mother	30 weeks	66	36	49	15
		60 weeks	68	62	25	13
Oakley (1979, 1980)	Mother	5 weeks	50	20	29	52
		5 months	50	11	24	65
Kotelchuck (1972)	Father	6-21 mths	144	8	17	75

One finding demonstrated by all four studies is that fathers vary vastly in their level of involvement in child care. Several attempts have been made to explain why fathers are differentially involved - these are discussed in the next section.

SUMMARY

The literature has been reviewed in five areas:-

1. The role of the father in the family
2. The decision to parent
3. Father involvement in pregnancy
4. Father involvement at the birth
5. Father involvement in early parenthood: from birth to one year.

Despite changes in attitudes, behaviour and increased interest in the father's role; the way in which men are involved in the

planning of their families, pregnancy, birth and the first few months postpartum, has received relatively little attention, especially compared to the experiences of women at this time. The main problems with existing literature were:-

1. Studies of expectant fathers have focussed on psychopathological aspects.
2. Studies of men's more usual experiences during pregnancy and the birth consist mainly of reports of personal impressions and anecdotes with very little supporting empirical data.
3. The role of the father in such decisions as, for example, starting a family or method of feeding are virtually unknown.
4. Studies of father involvement in early parenthood have only covered partial aspects of involvement, eg. caretaking and play.
5. Some studies have relied totally on the mother for information and have relied on inadequate questioning.
6. There is a strong middle-class and American bias in the populations studied.
7. Some studies indicate that there is a wide variation in the extent of father involvement in child care. However no study has investigated the extent of and variation in father involvement during the child bearing year.
8. Few studies have investigated the inter-relationship between the different types of involvement.

FACTORS EXPLAINING DIFFERENTIAL LEVELS OF INVOLVEMENT

One finding of studies of father involvement in infant caretaking is that fathers' vary vastly in the amount of child care they do. Few studies of first time fathers with children under one year have investigated why this is so. However, several studies of fathers with older children and more than one child have done so. Due to the fact that the entire literature in this area is small, studies of fathers with older children and more than one child will also be discussed.

(i) Does the infants' gender affect father involvement?

In hospital, during the first two days following their child's birth, first-time fathers have been observed to touch and walk more with boys (Parke, O'Leary and West, 1972, Parke and O'Leary, 1976). Laboratory observations of fathers with three month old infants found more 'game' playing with boys, although this was not defined clearly (Field, 1978). However, observations of fathers with five to seven months olds in the home found no gender differences in the amount of time fathers engaged in rough house play with their infants (Rendina and Dichersheid, 1976).

These finding are consistent with those of Pedersen and Robson's study of fathers in which no differences in play behaviour with male and female infants of eight to nine months are reported. Rebelsky and Hanks (1971) found that the decrease in father vocalisation with their infants in the first three months was more marked for the fathers of daughters. However, these results did not reach significance. Rendina and Dichershied found that fathers vocalized to boys 4.1 percent of observed time and girls 3.1 percent of observed time, but this difference was not statistically significant.

Pederson and Robson, and Rendina and Dichershield have both reported that the sex of the infant has no significant effect on father's involvement in caretaking tasks. However, Manion reported that fathers with daughters became more involved in caretaking than did fathers of sons. These findings are not supported by any data, and therefore should be treated with caution.

A recent review of the literature on the influence of the child's gender on fathers concludes:-

"Evidence that routine interactions between fathers and children at home are influenced by the child's gender is not yet conclusive". (McGuire, 1980).

(ii) Does attendance at the birth affect father involvement?

Parke and O'Leary and West (1972), stated that the fathers presence at the delivery is likely to increase their involvement with the infant. But Nash (1976) argues that their study used a biased sample consisting of already committed fathers. Later, Parke and O'Leary (1976) found evidence which refuted their statement. They carried out a study of 82 fathers who did not attend the birth or childbirth classes. These fathers were just as likely to be involved with their infants when given the opportunity.

Richards, Dunn and Antonis (1975) found a significant relationship between fathers presence at birth and their level of involvement at 30 weeks but not at 60 weeks. A non-participant father was also found to have a higher than expected chance to being absent from the birth. Richards et al. concluded that the correlation between presence at birth and later involvement should not be interpreted as a causal connection. They suggest it seems more likely that both are associated with some attitude held by the fathers towards involvement with children. Manion (1977) also found that fathers participation in birth was positively related to his involvement in child care at six weeks post partum. But, like Richards et al, she points out that it is not clear whether this is a cause and effect relationship or a characteristic of the particular father.

A study by Peterson, Mehl and Leiderman (1979) has looked at this area in more detail. They investigated the effect of some birth related variables on father attachment. Their sample consisted of 46 middle to upper middle-class white American couples, planning different childbirth methods:- natural hospital delivery, natural

home delivery and hospital delivery with anesthesia. The couples were interviewed between six and eight months of pregnancy.

Peterson et al observed and recorded the fathers' behaviour during labour and delivery and the length of contact after birth was noted. After delivery each father was questioned about his feelings towards his child and towards the birth. Most were interviewed again during the first week postpartum and again at one, two, four and six months postpartum. During these interviews they were asked about aspects of actual caretaking and involvement with their new baby. Observations were also made of the fathers' interaction with their infants at home.

It was found that the observable behaviour of the father during delivery, when considered in conjunction with his subjective report of his experience and involvement, is an important variable in predicting fathers attachment to the newborn infant. A more positive birth experience, longer labour and birth in the home environment, as compared to the hospital environment, were also found to be associated with greater postpartum father-infant attachment. They also state that their study demonstrates that the fathers' experience of birth and his behaviour towards his spouse and his baby during the delivery are more important than the prenatal attitude in determining subsequent involvement. They suggest that paternal attachment could be enhanced by provision of a birth environment that would help the father overcome his inhibitions about being involved in the birth process along with the mother. But they also stress the importance of parenthood education classes.

The view that a positive experience of attending the birth affects the subsequent father-infant relationship raises the question of what might be the outcome when a father is excluded. A few studies have investigated father-infant interaction subsequent to caesarian delivery. Pedersen, Zaslow, Cain and Anderson (1980) compared the caregiving behaviour of six fathers of caesarian delivered babies with 17 fathers of vaginally delivered infants. They found that fathers of caesarian delivered infants were more involved in caregiving at 5 months postpartum than other fathers.

These findings were replicated in a larger independent sample of 17 caesarian and 58 vaginally delivered infants by Vietze, Macturk, McCarthy, Klein and Yarrow (1980). So it appears that exclusion from the birth for a caesarian delivery is associated with higher levels of father involvement in caregiving. Parke and Tinsley (1981) suggest that the most probable explanation for these findings is that mothers, as a result of surgery, are unable to assume a fully active role in caregiving during the first few weeks postpartum. As a result of this early involvement the fathers continue to be involved even when their wives can assume a more active role.

(iii) Does sex role classification affect father involvement?

Bem (1974) suggests that our perception of how masculine or feminine we are may affect how nurturant we are. She argues that all adults are neither wholly masculine or wholly feminine, but have some combination of these traits. Bem has developed an inventory which gives independent estimates of masculinity and femininity and differentiates between four sex-role types. Subjects who score high on masculinity and low on femininity are classified as "masculine", subjects who score high on femininity and low on masculinity are classified as "feminine". Subjects who score high on both masculine and feminine are classified as "androgynous", and subjects who score low on both masculine and feminine are classified as "undifferentiated".

Studies by Bem (1975), Bem and Lenny, (1976) and Bem, Martyna, and Watson (1976) have indicated that the androgynous individual is more able to carryout cross-sex activities than the more stereo-typically sex typed individual. They have found that in a laboratory setting androgynous men are as likely to display nurturance (eg. towards a kitten and towards a five month old baby) as androgynous and feminine women and significantly more nuturance than do masculine men. However, Bem and her co-workers have not investigated whether their findings from laboratory studies extend to parenting behaviour.

Russell (1978) suggested that the relationship between nurturance and sex role classification may be an important variable in explaining the differential levels of father involvement found in recent studies. He argues that the strongly masculine sex typed father may be less involved in childrearing than the father who is less masculine sex typed. Therefore he investigated the relationship between divisions of labour in child care and the masculinity, femininity and androgyny of mothers and fathers. Information on the division of labour was obtained from a joint interview with 43 couples who had at least one child under the age of ten years. The sample was recruited in shopping centres in the suburbs of Sydney (Australia). Sex-role was assessed by the Bem Sex Role Inventory (Bem, 1974). Russell found that "androgynous" fathers carried out more child care tasks and interacted more with their children than did masculine fathers. Also fathers high on Femininity participated more than fathers low on femininity. Therefore confirming his hypothesis. Russell also investigated the mothers' sex role in relation to division of labour. He hypothesized that because the mother role is so rigidly defined, it is less likely that there is a close relationship between mothers' participation and their concepts of sex-appropriate behaviour. This hypothesis was supported as no relationship was found.

Russell's study illustrates the relationship between "masculinity, femininity, and androgyny" and father involvement. However, to what extent this relationship exists during the pregnancy and the first few months of parenting is unknown.

(iv) Do men's work commitments affect their level of involvement?

Although the basic hours for men at work in Britain have fallen during the last 40 years, the actual number of hours worked per man has remained constant. A number of studies have shown that paid overtime is most common among younger married men, especially those with dependent children (National Board of Prices and Incomes, 1970). Therefore with a change in the perception of the fathers' role that has been reported in the literature in conjunc-

tion with no change in the hours worked, men may be feeling some conflict between their work and family commitments. Fein (1976) reported that the fathers in his study felt constrained by the requirements of their jobs. Similarly a study of hospital doctors by Elliot (1978) found that 42 percent of the 38 men in her sample felt that their heavy workloads limited their relationships with their children. Elliot reported that the heavy workloads of the hospital doctors means that the wives bear the major responsibility of childrearing and household management.

These studies suggest that men's work commitments may affect their level of involvement. But both studies were limited in that:-

1. Their samples contained only men in middle-class occupations;
2. No measure of involvement in child care was reported.

(v) Is father involvement affected by social class?

In their submission to the D.H.S.S. (1972) consultation on 'Preparation for Parenthood', the Royal College of Obstetricians and Gynaecologists suggested that the new trend for men to take a larger part in domestic affairs was "largely but not entirely confined to the middle classes". However nothing was cited as evidence to support their statement. Few studies have investigated social class differences in father involvement, and indeed most studies of father involvement had a strong middle class bias in the populations studied. But some studies have investigated social class and father involvement with children under one year of age. The area of involvement in all of these studies was limited to physical caretaking.

Newson and Newson (1963) found that middle-class fathers tended to help more than working class fathers. However the difference was not statistically significant. The Newsons reported significant differences between Social Class III (Non-manual) fathers and the

rest, and Social Class V fathers and the rest. Fathers in Class IIINM were reported to "stand out" as being exceptionally conscientious in helping their wives with the baby. Fathers in Social Class V - while the majority were giving moderate help - were less likely to be rated as highly participant. Richards, Dunn and Antonis, on the other hand, found no significant differences between working and middle-class fathers. They did not examine class differences in any greater detail as Class IV contained only four subjects and Class V was not represented at all. Both the Newson's and Richards et al's studies have been criticised earlier for relying totally on the mother for information and for using an inadequate method of assessment. Cartwright (1973) similarly relied totally on the mother for information about child care, however she asked the mothers how many times fathers did various tasks. Unfortunately, Cartwright does not present any data, but she reported that there were no differences in the amount of help given by middle and working-class men.

A few studies have investigated social class differences in father involvement in physical caretaking with older children, Newson and Newson (1968) investigated father involvement in childcare when the children in their sample were 4 years old. They reported that middle-class fathers were more likely to be highly participant than working-class fathers and the difference was statistically significant. Oakley (1974) similarly found that middle-class fathers were more highly involved than working-class fathers, but the difference was not statistically significant. Again both Newson and Newson (1968) and Oakley (1974) only interviewed the mother and their methods of assessment have been criticised. O'Brien's (1980) study of lone and married fathers revealed that middle-class fathers were more likely to express egalitarian attitudes about sex and parental roles as compared to men lower down the occupational scale. However, she found that this was not necessarily demonstrated in practical ways. She reported that working-class fathers were more likely to see to children at night and prepare meals and feed them. Unfortunately O'Brien includes fathers in Social Class III (NM) occupations in her working-class group whereas all the other studies so far cited include these fathers in the middle-class group. Therefore her results may be

affected by this and, therefore not necessarily comparable with other studies.

In their study, Moss, Bolland and Foxman found no relationship between father involvement in child care at six weeks and six months and social class. However they did find that middle-class men were more likely to attend preparation classes.

The only study not carried out in Britain which investigated social class as a variable which may affect father involvement in child care is Russells' (1978) study of Australian fathers. He found no class differences in the amount of time fathers spend each day on child care tasks. However, Russell used the Congalton (1969) scale to classify social class whereas all the British Studies used the Registrar General's Classification of Occupations. Unfortunately the two scales do not correspond and therefore Russell's data are not necessarily comparable.

The picture that emerges from these studies is a confused one. The studies by Newson and Newson (1963, 1968) and Oakley (1974) indicate that middle class fathers are slightly more involved than working class fathers. The studies by Richards et al (1975) Moss et al (1981), Cartwright (1973) and Russell (1978) found no social class differences, and the study by O'Brien reported working-class men to be slightly more involved.

- (vi) Is father involvement affected by the availability of relatives and friends to help the wife/mother?

The nature and extent of father involvement in pregnancy, birth and early parenthood may be dependent on the availability of relatives - particularly the maternal grandmother to help. When an expectant or new mother has her own mother available to help and advise her, the husband/father may feel his help is not required or he may feel or be pushed out. Alternatively, if an expectant or new mother has no close relatives available to help, her husband will be her sole source of support.

In 1957, Bott hypothesized that the degree of segregation in the role relationship of husband and wife varies directly with the

connectedness of the families social network. Bott defined "connectedness" as the extent to which people known by a family know and meet one another independently of the family. She argued that the more connected the 'network' the greater the degree of segregation between the roles of husband and wife. The less connected the network, the smaller the degree of segregation between the roles of husband and wife.

Bott interviewed 20 couples and classified them on the basis of the connectedness of their networks. The group in which there were many relationships between family members were called "close-knit", and the group in which there were few such relationships were called "loose-knit". There was also a third group called "medium-knit" and a fourth group of families which were moving or were intent on moving their place of residence.

Bott found only one couple in her sample to have a "close-knit" network - these were the Newbolts. Bott describes their network connectedness in detail. Of particular interest is Mrs Newbolt's relationship with her female relatives. Mrs Newbolt was very attached to her mother who - with other female relatives - provided some of the domestic help and emotional support that the wives in the medium-knit and loose-knit families expected to get from their husbands. In fact Mrs Newbolt's mother gave more help with child care than Mr Newbolt. Bott found "considerable" segregation between the way Mr and Mrs Newbolt carried out domestic tasks. Mrs Newbolt was responsible for housework and child care whereas Mr Newbolt was responsible for house repairs and finance.

Five families in Bott's study were classified as loose-knit. Among these families there was not the very strong stress on the mother-daughter relationship that was described for Mrs Newbolt. These couples tended to jointly organize the carrying out of domestic tasks and child care. The division of labour was "flexible" with the husband expected to be very active in child care. Bott states that the husbands in this group were expected to provide much of the help that Mrs Newbolt was able to get from her female relatives. However, four of the couples in this group employed a 'cleaning woman' and one a child nurse. But Bott does

not state what impact this outside help has on the organization of housework and child care. She emphasizes that husbands in this group were expected to help more than did Mr Newbolt, therefore, other outside help may not have the same impact as help from female relatives.

There were nine couples in the medium-knit group. Bott reported that there was considerable variation in this group's division of labour. In carrying out housework and child care tasks these couples were more segregated than the loose-knit couples, but more flexible than the Newbolts. Husbands helped, but wives expected some help from relatives who lived nearby and from their neighbours.

Bott concludes that if a man and woman come into marriage with a close-knit network, and if contact with relatives remains the same, "the marriage will be superimposed on the previous relationships". Therefore each partner continues to be drawn into activities with people outside the nuclear family. Segregation of conjugal roles is possible because husbands and wife can get outside help. As a result, fathers in such families are unlikely to be involved in housework and child care. On the other hand, new married couples with loose-knit networks must seek in each other the same emotional satisfaction and help with familial tasks that couples in close-knit families can get from outsiders. Bott argues that for couples with loose-knit networks "joint organization becomes more necessary for the success of the family enterprise". Therefore differences in network connectedness are associated with differences in degree of segregation of conjugal roles.

Bott's conclusions are primarily based on the differences between the Newbolts and the five loose knit families. Therefore it is not possible to deduce how general the relationship is between network connectedness and division of labour between husband and wife. Her data also has a number of drawbacks. First, she does not state on what basis network connectedness was assessed. Second, the "close", "medium" and "loose" groups were only relative to each other and not based on any specific criteria. Third,

no data is presented on how much housework and child care each partner actually does. However, her conclusions do receive support from a study by Young and Willmott published in the same year.

Young and Willmott (1957) and Townsend (1957) distinguish between the "immediate family", the "extended family", and the environment of kin. Townsend defined the immediate family as consisting of one or both parents and their unmarried children living in the sample household. He defined the extended family as consisting of "... more than a immediate family who live in one or more households, usually in a single locality, and who see each other everyday, or nearly everyday". These are similar to Bott's "close-knit" and "loose-knit" networks. Townsend examined the significance of the extended family from the point of view of the aged. However, of more relevance here is Young and Willmott's study, which examined the significance of the extended family from the point of view of young married couples living in Bethnal Green.

Young and Willmott found a considerable degree of solidarity amongst households - what Bott called "close-knit" networks. Women were particularly dependent on their own mothers for help with domestic work. Eighty-one percent of the mothers in their sample had seen their own mother in the previous week and 57 percent had seen their mother-in-law in the previous week. In fact the strongest link between them was between mothers and their daughters. Similar relationships between female family members were found in studies in Ireland (Arensberg and Kimball, 1968a); Wales (Rees, 1950); Banbury (Stacey, 1960) and Swansea (Rosser and Harris, 1965). Young and Willmott argue, like Bott, that if the wife's mother is living close by, the couple somehow have to adjust their lives to the fact that the wife is attached to her as well as her husband. Young and Willmott also found that in these "three generation families" the burden of caring for the young, though primarily the mothers, can be lightened by being shared with the children's maternal grandmother. Under these circumstances the husband spends a larger part of his time away from his wife, not only during working hours, but at evenings and weekends

as well. However some men are drawn into the maternal fold along with their wives. Indeed, they found that married men saw their mother-in-law more often than their own mother.

Young and Willmott also studied 47 couples who had moved from Bethnal Green to a new estate 20 miles away. They found that these couples saw much less of their relatives after the move. Wives contact with their own and their spouse's parents fell from an average of 17.2 contacts per week to an average of three contacts per week. Husbands contact with relatives fell similarly. Wives contact with other female relatives also fell. Before the move 24 of the wives saw one or more female relatives at least once a day. This fell to only three wives having daily contact after the move.

These families are similar to Bott's "loose-knit" group. Young and Willmott reported that these families received less help from their relatives than those living in Bethnal Green. They found that the husbands in their loose-knit group not only do more to help their wives in emergencies, but also spend more time at home with their family.

Young and Willmott found that family network connectedness was determined by wives contact with their own mother. They argued that wives contact with their mothers was the lynch-pin which determined the frequency of contact between family members. They found that wives who saw their own mothers several times a week (eg. the wives living in Bethnal Green) were also seeing many other relatives frequently; whereas wives who saw their mothers less frequently (eg. the wives living at Greenleigh) also saw their other relatives less frequently.

In conclusion, Young and Willmott are describing Botts "close-knit" and "loose-knit" networks. They demonstrated that families like the Newbolts exist in great numbers in Bethnal Green and their findings provide support for Bott's hypotheses. The families with "close-knit" networks in Bethnal Green showed close ties between the female members in particular. Women were receiving help from their female relatives - particularly their own mothers

- and husbands gave little help with domestic work. Families with "loose-knit" networks living on the new housing estate showed that the women received little help from their female relatives and more help from their husbands. Therefore, they report the same relationship between husband involvement and family connectedness as Bott. But like Bott, Young and Willmott do not present any data on how much housework and child care each partner actually did.

Another study which makes reference to the "knitness" of families in relation to husband/father involvement in housework and child care is that of Newson and Newson (1963). They suggested that one factor which seems to be important in "the growth of the fathers participation in infant care" is the "current trend towards the isolation of the immediate family unit from the wider circle of the extended family and the close-knit neighbourhood unit". Similar to Bott and Young and Willmott they argue that under such circumstances wives can no longer expect help from older women relatives living close by. Therefore the husband becomes the wife's sole source of support and companionship, and "he soon comes to share her own preoccupations and interests - shopping, painting and decorating, doing the housework and caring for children". However, this is the Newsons own impression based on their observations. Although they provide data on father's involvement in child care, they did not collect data on his involvement in housework or on frequency of contact with relatives.

Family network connectedness and social class

Bott concluded that family network connectedness is associated with social class. She states:

QUOTATION REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

However this conclusion was made on the basis of very limited data. But Young and Willmott's study of families in Bethnal Green and Greenleigh provided considerable support for Bott's statement.

Young and Willmott also argued that the same stressing of the mother-daughter relationship they found would be expected to be found in other places, "and especially in other working-class districts". Indeed, Young and Willmott reference a number of earlier studies which had shown this. However, at this stage there was little evidence to indicate the existence of class differences in family connectedness.

The first evidence of class differences can be found in Willmott and Young (1960). Following their study in Bethnal Green they investigated 'Family and Class in a London Suburb'. The London suburb was Woodford which has a predominantly middle-class population as compared to the predominantly working-class population of Bethnal Green. Willmott and Young compared their Bethnal Green data with their Woodford data. They found differences in both family proximity and connectedness. Married couples in Woodford live further away from their parents and saw them less often than do married couples in Bethnal Green. Support for the social class differences found in family connectedness comes from Rosser and Harris' study of 'The Family and Social Change' in Swansea (Rosser and Harris, 1965). They found that their working-class group showed a marked stress on the relationship between parents and married daughters. However it was only the figures which refer to contact between mothers and daughters which show statistically significantly higher contact for working-class families. Therefore the social class difference in family connectedness apparent in Bott's study is confirmed by Willmott and Young (1960) and Rosser and Harris (1965).

Although studies of family connectedness show that "close-knit" families are more prevalent among working class families the proportion of "close-knit" to "loose-knit" families in both the working and middle-classes is impossible to estimate from the available data.

Current views on family network connectedness

Studies of family network connectness carried out in the 1950s and early sixties suggest that the extended family as defined by Townsend was not defunct at that time. However, because of increase mobility - either due to growing industrialization or slum clearance and rehousing - there are an increasing number of immediate families who are isolated from their extended family.

The view today is that the extended family is still declining. More recently, Young and Willmott (1973) stated:-

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In a submission to the D.H.S.S. "Preparation for Parenthood" consultation (D.H.S.S., 1972) the County Councils Association stated:-

QUOTATION REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

Hughes et al. (1980) similarly argue that increased mobility has led to the breakup of established communities, and the general decline of families which means there are fewer relatives around to help and support young mothers. The trend towards increasing geographical isolation of young parents from their family and friends has also been observed in the United States (Yogman, 1982).

But in their study Graham and McKee (1979) found that 44 percent of the women in their sample saw their own mother several times a week. A figure which one would not expect to find in the light of recent opinion.

Studies of the family and kinship suggest that there is a relationship between father/husband involvement in housework and child care, and the availability of relatives - particularly the mater-

nal grandmother - to help the wife/mother (family connectedness). A major criticism which can be made of these studies is that no data on husband/father involvement is presented in relation to the data on family network connectedness. Therefore the evidence for the relationship between these two variables is based on the reporters subjective impressions and anecdotes. This is not to say that their conclusions are unfounded, but rather, that the studies indicate a relationship rather than demonstrate its existence.

Studies of father involvement and family connectedness have only examined families with young children. No study has investigated the impact of the availability of relatives to help when a couple are becoming a family. The relationship between family connectedness and father involvement has also not been researched for other components of involvement such as father's involvement with services, such as antenatal clinics, child health clinics and visits to the G.P.

FACTORS EXPLAINING DIFFERENTIAL LEVELS OF INVOLVEMENT: CONCLUSIONS
In the preceding section several factors have been considered which may explain why fathers are differentially involved in child care. Very few studies have examined why fathers' are differentially involved with their newborns. Prior to the birth, the level of father involvement is totally unknown, therefore no attempt has been made to explain the differential levels of involvement that may exist at that time. The majority of the studies reviewed here were concerned with fathers of older children and it may not be possible to generalize from these studies to explain the behaviour of fathers of newborns.

Studies which have investigated the child's gender as a factor which may influence a father's level of involvement are inconclusive. Therefore further research is required to investigate the impact of this factor. As most random or community samples would produce roughly equal numbers of male and female infants, this is an area which most researchers could investigate.

Studies on the effect of fathers attending the birth on later involvement are also inconclusive. Due to the increase in the

number of men attending the birth of their child, it would take a long time to find a large enough group of non-attenders to make a comparison with fathers who attend. Also fathers' who do not attend the birth are a very mixed group. Some may choose not to attend, some may want to attend but are excluded by their wife, the medical staff or because forceps are used and for caesarian section. Therefore comparing two groups of attendant and non-attendant fathers would be to simply ignore a whole range of factors explaining their reasons for not attending. Therefore any study of the effect of birth attendance would require representative samples of these various groups. This is apart from taking into account the various other factors such as preparations and prenatal attitude as mentioned in the preceding review. This would, therefore, be a study in its own right and outside the scope of this investigation.

One study by Russell (1978) investigated sex role stereotyping as a factor which may explain why the fathers in his study were differentially involved. He found that 'androgynous' and 'feminine' men were more highly involved in infant caretaking than 'masculine' and 'undifferentiated' men. However, to what extent this relationship exists for fathers in Britain or for the various components of involvement during pregnancy, birth and early parenthood is unknown. Therefore, if differential levels of involvement are found to exist in a variety of areas during pregnancy, birth and early parenthood, then sex role stereotyping may be an important explanatory factor.

Men's work commitments have been found to affect their level of involvement with their children. However, this factor has only been investigated to a limited extent and requires further investigation.

Studies of the effect of social class on father involvement are inconclusive. These studies in particular were found to be confounded by inadequate methodology. However, social class has been found to be an important factor in explaining many differences in human social behaviour (Read, 1981). Therefore, further investigation - using more adequate methodology - is indicated to see if

social class is a factor which may explain differential levels of father involvement in pregnancy, birth and early parenthood.

The final factor considered was the effect of the availability of relatives to help the wife/mother on the fathers level of involvement. Studies which have investigated this area conclude that there is a relationship between husband/father involvement in housework and child care and the availability of female relatives - particularly the maternal grandmother - to help the wife/mother. However, these studies do not present any data on husband/father involvement in relation to their data on family connectedness. These studies have also only investigated a limited aspect of father involvement and no study has examined this factor when a couple are becoming a family. However, the hypothesis that father/husband involvement is affected by the availability of relatives has received considerable support from several studies - even though much of the evidence is only impressionistic and anecdotal. Therefore, if differential levels of involvement exist during pregnancy birth and early parenthood, then the availability of relatives may be an important explanatory factor.

SUMMARY

The literature concerning factors which attempt to explain differential levels of father involvement has been reviewed. Six main factors were discussed:-

- 1) Infants gender
- 2) Birth attendance
- 3) Sex-role classification
- 4) Men's work commitments
- 5) Social Class
- 6) Family network connectedness

The main problems with this literature in the context fathers, pregnancy, birth and early pregnancy were:-

1. The majority of the studies were not concerned with the perinatal period.

2. The studies have been inconclusive
3. The findings are derived from poorly designed studies.

CHAPTER 2

METHODOLOGY

THE RESEARCH TASK

The design of the present study grew out of the above considerations. It was decided to investigate, in detail, father involvement in pregnancy, birth and early parenthood. A wide variety of components of father involvement were recognised, including:-

1. Decision Making
2. Services
3. Preparations
4. Labour and Birth
5. Social
6. Care taking
7. Affective

The aim of the present study were five fold:-

1. To develop measures of father involvement in pregnancy, birth and early parenthood that will cover all the above components of involvement.
- 2 To identify and describe the nature and extent of father involvement in pregnancy, birth and early parenthood and to see what degree of variation exists between fathers on the various components.
3. To examine the relationship between the various components of involvement.
4. To develop hypotheses to account for variation between fathers in their level of involvement and test these of the data.
5. To develop further hypotheses to account for variation bet-

ween fathers in their level of involvement and test these through a second study.

PROCEDURE

At first the aim was to collect data on the pregnancy in the last month of the pregnancy and to collect data on the birth and early parenthood at two - three months postpartum. Enquiries were made on how to find a sample of first-time expectant fathers. One approach is via a hospital antenatal clinic, but gaining access to such establishments can be a long process and waste time.

A second approach is to contact expectant couples via a local child health clinic as these are informed of the women who book into the hospital antenatal clinic. However, the information supplied by the hospital to the child health clinic is very limited and does not inform as to whether the mother is a primiparae or multiparae. In order to find this out it would be necessary to make a visit to the expectant couples home. But as clinics are not able to give out names and addresses, it was necessary to ask the Health Visitors to obtain this information.

A Child Health Clinic was contacted and the Health Visitors agreed to find out if it was a couples first baby or not. They said that this would not involve much extra work as they try to see all their expectant mothers before confinement. The Health Visitors also insisted that it was they who asked the father if he would like to take part in the project. Several problems were apparent with this approach, however, it was agreed to try it out. After four weeks no subjects were produced. The reason for this was that Health Visitors prefer to visit during the day when most expectant mothers are at work. The only mothers on their list who were contacted already had children.

During those four weeks contact was made to two more Child Health Clinics in two other districts. One decided to defer the request to the area medical ethics committee and the second deferred any decision until they were fully aware of what was involved for them and the fathers.

After four weeks of unproductive sampling, it was decided to try a different approach. The main alternative was to combine the

antenatal and postnatal aspects of the data collection and collect all the data in a single session at two - three months postpartum.

This approach was preferred by the Health Visitors. Contact with parents could be made direct by the researcher at the clinic, as the majority of mothers bring their newborns for weighing in the first few months and for checkups at six weeks and three months. Therefore the two aspects of data collection were combined.

At this stage contact was made to a fourth clinic in another district. The response from this clinic was very positive, but, it was necessary to obtain the permission of the Nursing Officer and District Nursing Officer before the study could proceed. Both were positive and permission was given to go ahead in four clinics in that District. Therefore negotiations with the clinic's which had deferred their decision were ceased. The pre-pilot and pilot samples were therefore obtained via five Child Health Clinics.

METHODOLOGICAL CONSIDERATIONS

Studies of father involvement in pregnancy, birth and early parenthood have adopted two main approaches to data collection:-

1.Observational Methods

2.Interviews and Questionnaires

A number of observational studies of father involvement with their infants have been carried out in the U.S.A.. These were discussed in the review of the literature. These studies focussed on specific minute behaviours, for example, touching, kissing, smiling, feeding, etc. which limit the components of involvement which can be investigated. Brinich (1981) points out that such minute behaviours generally cannot be related to hypotheses which have significant heuristic power. He argues that this is because the meaning of the minute behaviour is lost when its context is lost; a father may touch his child for many different reasons. Observations also tend to be made for a short period of time only, for example, ten minutes (Parke, O'Leary and West, 1972) and two sessions of 55 minutes (Rendina and Dickersheid, 1977). During the period of observation the observer tends to use techniques such as time sampling. Parke et al. (1972) divided their ten

minute observation into 40 intervals of 15 seconds duration and Rendina and Dickersheid recorded for five minutes with a two minute non-observation period repeated 13 times. Brinich argues that time sampling can generally destroy the flow of behaviour as it "(1) limits its view to one particular moment in isolation from what takes place during the preceeding and following moments, or (2) it assigns only one code for all behaviours occurring during a given time interval".

A problem with observational techniques generally is that the observer cannot see and record everything. Therefore what is recorded is selective and this selectivity may be biased by the observer's values and expectations. Also, the effect of the observer on the observed is unknown.

Despite their limitations, however, observational studies of father involvement have added considerably to our knowledge of fathering behaviour. For certain variables direct observation may be the preferred approach. However, the aims of this study are to investigate a wide range of components of involvement over a broad time span than is possible with direct observation. Rutter and Brown (1966) argue that "interviews offer the greatest chance of measuring a wide range of variables and if it can be shown to be reliable and valid it may be the most useful tool for many purposes". Therefore it was decided to measure father involvement in pregnancy, birth and early parenthood by means of an interview.

Previous interview studies of father involvement have covered selected components of involvement, for example, caretaking and play. But this study is concerned with more components including expressed feelings and emotions. Rutter and Brown (1966) state that it is necessary to draw a distinction between the measurement of involvement in events and activities on the one hand and expressed feelings and emotions on the other. Approaches to the assessment of these two areas are quite different - as is the evaluation of their reliability and validity. With events and activities there is an objective reality which can be measured regardless of a persons feelings about it. For example, the number of times a father accompanies his wife to the antenatal clinic or what share he takes in changing nappies or seeing to his child during the night. The main issue is the accuracy of the subjects report. The usual method for testing this is by com-

paring the informants account with accounts given by others, for example comparing accounts of husband and wife.

The measurement of expressed feelings and emotions is quite different. The problem here is to get the subject to express his feelings. In a research interview it is not possible to tackle such mechanisms as denial so only expressed feelings and emotions can be measured. In contrast to events and activities, ambiguities and ambivalence are frequent in the expression of feeling. A father may express both positive and negative feelings about the pregnancy or towards his infant. Also, as Rutter and Brown point out a wife's account of her husband's feelings and emotions in no way validates his own. They argue that what is required is inter-judge agreement on what is observed.

INTERVIEW STYLE

Cox and Rutter (1977) state that widely differing recommendations have been made about the best way to obtain accurate and meaningful information. However, little is known of the merits and demerits of these methods in terms of their effectiveness in eliciting factual information and feelings. Cox, Hopkinson and Rutter (1981) carried out a naturalistic study of the initial interview between psychiatric trainees and the parents of children referred to a psychiatric out patient clinic. They found a variety of statistically significant associations between interview styles or techniques on the one hand and outcome in terms of the information obtained or emotions elicited on the other. The results of their investigation showed that some interview methods were likely to be more effective than others in eliciting factual information, whereas other, rather different, techniques seemed to be optimal in eliciting emotions. This causal inference was only based on circumstantial evidence, so a further study was conducted to test the causal hypothesis.

Four contrasting interview styles were identified which made use of different permutations of techniques which, on the basis of the naturalistic study, appeared to be most effective in eliciting either factual information or feelings (Rutter, Cox, Egert, Holbrook and Everit 1981). The first of these is the 'sounding board' style which makes use of the 'minimal activity' approach advocated by Finesinger (1948). The second approach is the 'active psychotherapy' style which is based on a low use of

active - fact orientated questioning and a high use of active feeling orientated questioning. This approach is advocated by psychotherapists such as Balint (Balint and Balint, 1961). The third approach is a 'structured', style which is based on the high use of active fact - orientated questioning as advocated by Wing et al.(1967). The fourth approach is the 'systematic exploratory' style which makes use of a combination of fact orientated and feeling orientated questioning as advocated by Brown and Rutter (1966). The four styles were compared for their efficiency in eliciting (i)factual information (Cox, Rutter, Holbrook 1981) and (ii) feelings and emotions (Cox, Holbrook and Rutter, 1981), during the initial diagnostic interviews with the mother of children referred to a psychiatric out patient clinic.

The results of the study showed that all four styles were effective in the elicitation of feelings and emotions. However, the findings suggest that each technique was effective for different reasons. This indicates that there are a variety of ways by which the expression of emotion may be encouraged.

The results on the effectiveness of the four styles in eliciting factual information showed that mothers tended to mention most (but not all) key issues, if encouraged to talk freely - without the need for standardised questioning on a predetermined range of topics. It was found that systematic questioning was essential in order to obtain good quality factual data. Cox, Rutter and Holbrook (1981) conclude that it is essential to use systematic questions, detailed probes and requests for detail and description if we are to obtain an adequate account of events, happenings, behaviours and other factual matters. One further relevant finding of this study was that the advantages of systematic questioning for obtaining factual information were not associated with any disadvantages with respect to the elicitation of emotions and feelings.

The implication of this major study by Rutter and his co-workers is that any investigation concerned with both the elicitation of information about (1) behaviour, events and situations; and (2) emotions and feelings would best be served by the systematic exploratory style of interviewing.

SYSTEMATIC EXPLORATORY STYLE

Systematic exploratory style interviewing was developed by Rutter and Brown (Brown and Rutter, 1966, Rutter and Brown, 1966). They developed measures of family life and relationships to study the interaction between illness and family variables. The measures were developed during a period of three years in which 80 families - where one parent had recently contacted a psychiatric service - were interviewed. This was followed by a systematic study of 30 similar families to evaluate the reliability and validity of the measures.

For each family there was an interview with the patient and an interview with the spouse. For the first 20 families there was also a joint interview. At each interview there were two investigators and there were different investigators for each spouse. The interview was developed by having pairs of interviewers conducting interviews and afterwards discussing the style of questioning and the informants response.

The aim of their study was to make two kinds of comparison. The first was between the ratings made by the two investigators at the same interview (within interview comparison) to test whether different investigators could agree on the same ratings made for the same material. The second comparison was across different interviews, that is between ratings made on interviews with husband and wife, or between single and joint interviews.

The measures of events and activities were designed "...to get beyond the informant's attitude to what actually happened". Therefore their measures: -

- 1) concentrated on a defined recent period of time (rather than asking about the usual pattern)
- 2) questioned the informant about actual frequencies (rather than relying on answers such as 'often' or 'sometimes')
- 3) Used scores based on frequencies (rather than general ratings)

An example is their measure of involvement in household tasks. The aim of this measure was to compare the relative involvement in

household tasks of husbands and wives in different families. Subjects were systematically questioned on who performed ten household tasks so that details were obtained on the frequency with which husband and wife undertook these activities during the last three months. The total score for each item was seven, and for daily tasks this was subdivided as one point per day of the week. Then the score was subdivided equally among the people involved in the task that day.

Rutter and Brown argue that for an 'objective' scorable item like this, inter-rater reliability was scarcely in question. They found high inter-rater reliability for both husbands involvement ($r=+0.91$) and for wives involvement ($r=+0.87$). The across interview agreement - between husbands and wives - was also high, $+0.75$ for husbands involvement and $+0.67$ for wives involvement. Thus Rutter and Brown conclude that the measure appeared to have satisfactory validity. They also reported that there was no evidence of respondent bias related to sex or patient status.

Their measure of involvement in childcare tasks was also reported to have satisfactory levels of across interview agreement. Poor across interview agreement was reported for measures of communication and decision making. The correlation for the amount of everyday conversation reached only $+0.16$ and that for the amount of discussion about specific choices made in the last three months was $+0.48$. Low correlations were reported for the frequencies for quarrelling ($+0.43$) and sexual intercourse ($+0.36$). Brown and Rutter state that the measures of communication and frequency of intercourse are the two areas of failure. The majority of the events and activities investigated had across interview correlations above $+0.60$ and many were between $+0.70$ and $+0.80$. Rutter and Brown conclude that the emphasis on fact rather than feeling largely eliminated attitudinal biases.

Rutter and Browns' approach to the measurement of feeling is dominated by one observation - that respondents quite commonly, spontaneously, express negative feeling which they have denied in response to direct questioning; or fail to express positive feeling which may have been expected from their answers to direct questioning. So, whatever the reasons for this phenomenon, the main aim of their study was to move away from reliance on self reports about feeling and record positive and negative feeling

expressed in the interview itself. Following Soskin (1953) they developed ratings based on verbal and vocal aspects of speech. That is, the content of what was said is taken into account, but more emphasis is laid on the way things were said, for example the tone of voice. To a lesser extent facial expression and gesture were also taken into account.

A certain amount of reliance is placed on the use of direct questions about feelings. These are asked in a standard way and with a limited number of additional probes. The interviewer is required to establish that he is interested in feelings. This is done by showing interest with a "hmm" or a nod of the head when negative or positive feelings are expressed. The interview provides "reasonably uniform stimuli by regulating the form of the interview and the style of questioning " (Rutter and Brown, 1966).

The interviewer is concerned with recording specific rather than general attributes. That is not recording how warm a person is but rather did he show warmth in the way he talked about a person. Interviewers were instructed to deal only with feelings demonstrated by verbal or non verbal behaviour. Common thresholds for deciding that an emotion was present were established. In order to develop the observer skills, and to achieve common thresholds in the recognition of emotion, interviewers met to listen to tape recordings, make independent ratings and then discuss their interpretation of the same material.

Positive and negative feelings can be expressed about the same person or event. Rutter and Brown recorded the expression of these on independent unipolar scales. Their scales were narrowly defined in an attempt to avoid halo effects and to increase validity. Two types of scale were developed:-

- 1) ratings of observed emotions
- 2) frequency counts of the number of emotive remarks

The main measure of positive feeling is warmth. In the interview this rating is based on the amount of warmth demonstrated by the informant. Particular note is taken of the warmth and enthusiasm in the tone of voice and positive comments. Sympathy, concern and interest and expressed enjoyment are all relevant. On the other hand a lack of interest and concern, a failure to demonstrate

warmth in relevant situations or a cold unenthusiastic account, would suggest a low rating. The presence or absence of hostility or criticism is deliberately disregarded as these are measured on other independent unipolar scales. All scales run from the absence of a single trait to its presence in a marked form.

Rutter and Brown reported that their measure of observed warmth of one partner to the other had good reliability and validity. Inter-rater reliability was good on judgements concerning patients warmth ($r=+0.79$) and on non-patients warmth ($r=+0.75$). Only moderate agreement was found between ratings made at a single interview with those made at joint interviews ($r=+0.68$). But this is high enough to indicate the validity of the rating. Agreement between husband and wife, however, was low (average $=+0.35$). So, reports by one partner about the emotions and feelings of the other have only weak validity.

Rutter and Brown also reported on the reliability and validity of their scale measuring the frequency of the number of emotive remarks. For example they reported high inter-rater reliability on critical remarks made by patients ($r=+0.88$), by non-patients ($r=+0.92$), by men ($r=+0.87$) and women ($r=+0.93$). They also reported that measures of the number of positive remarks showed similar findings. So this measure was also shown to be reliable and valid.

One problem with the frequency of comments scale - which Brown and Rutter did not investigate - is that the number of comments made by an informant may be related to the amount they talk. This problem was investigated by Hopkinson, Cox and Rutter, (1981). They found that there was a correlation between the number of comments made and talkativeness. Therefore, for the purpose of comparison, a scale based on quantity (rather than quality) would be biased.

The studies of Rutter and his co-workers have shown that, when data is required on both factual information and emotions and feelings, then systematic exploratory style of interviewing is marginally superior. This approach does not differ from any of the other interview methods they studied in terms of it's efficiency in eliciting emotions. But it is more effective in eliciting full information on events and activities. Also this

advantage is not associated with any disadvantages with respect to the elicitation of feelings. Studies by Brown and Rutter have also shown that the systematic exploratory style approach can achieve satisfactory levels of reliability and validity for many components of family activities and relationships.

THE PRESENT STUDY : METHODOLOGY

In view of the preceeding account of work on interviewing, it was decided to adopt the systematic exploratory style of interviewing.

To summarise, systematic exploratory style interviewing follows these guidelines:-

For the measurement of events and activities

- 1) Information on events and activities are obtained through detailed systematic questioning on actual happenings, over a specific period of time. The period of time to be covered should be as short as possible, in order to lessen inaccuracy, and long enough to take account of relatively infrequent events.
- 2) In order to lessen error, much attention should be given to definitions and rules of procedure. It should be clear from the outset what information is required, what areas are to be covered and what detail is required.
- 3) Codings are developed which are firmly structured and quantitative - most consist of some form of frequency count.
- 4) The interviewer should be constantly aware that words can be used in different ways. The interviewer should use the informants words, but at the same time obtain descriptions of events in order to judge how the words are being used and whether the content is relevent.
- 5) Due to the complexity of some events the interviewer needs to keep the questioning flexible. The number of questions that may be asked is unrestricted and the interviewer is expected to continue until he has obtained a full account, or until it is clear that further questioning is unlikely to be fruitful.

For the measurement of emotions and feelings

- 1) Interviewers record both positive and negative feeling expressed on independent unipolar scales.
- 2) Ratings should be based on verbal and vocal aspects of speech and rules and definitions should be developed to take account of both.
- 3) A certain amount of reliance is placed on the use of direct questioning about feelings. These are asked in a standard way with a limited number of additional probes.
- 4) Informants are encouraged to talk about events and/or people and equal importance to given to spontaneous comment.
- 5) It is important to establish that you are interested in feelings as well as the description of events.
- 6) There should be a series of detailed definitions and notes for the scales. Rutter and Brown also produced a master tape illustrating the scales.

DEVELOPMENT OF METHOD

The first stage in the development of the methods for this study was to specify what information was required - what components of father involvement were to be covered? Two lists were compiled, one for events and activities (objective components) and one for emotions and feelings (subjective components).

Events and Activities

(1) Decision Making

- (i) To have a child
- (ii) The time to have a child
- (iii) Termination
- (iv) To attend the birth
- (v) Length of Hospital stay
- (vi) To take time off
- (vii) Method of feeding
- (viii) Vaccinations
- (ix) Child care

(x) Child's upbringing

(2) Services

- (i) Antenatal clinics
- (ii) Child Health Clinics and G.P.
- (iii) Contact with Midwife and Health Visitor

(3) Preparations

- (i) Antenatal classes, reading etc.,
- (ii) Postnatal classes, reading etc.,

(4) Social Involvement

- (i) Holding, comforting, affection
- (ii) Play

(5) Physical caretaking

(6) Labour, birth and visiting

(7) Time off

Feelings and Emotions

- (1) During and about the pregnancy
- (2) Towards the foetus
- (3) About becoming a father
- (4) About being at the birth
- (5) Towards the child
- (6) About being a father

The second stage was to develop measures of father involvement for each component specified. For each event or activity specified, a method of detailed systematic questioning was developed to elicit factual information. Also, firmly structured quantitative rating scales were developed - most consisting of some form of frequency count. For each 'subjective' component of father involvement, direct questions about feelings were devised, along with a set of well defined scales based on verbal and vocal aspects of the informants response. It was decided that all interviews would be audio-taped and transcribed so that full detailed information could be obtained and checked.

Rutter and Brown argue that detailed systematic questioning should be made about a specified period of time. This period should be short in order to lessen the inaccuracy of response. Errors may be made due to memory lapses by the informant, people tend to forget less important events and events further away in time. However the period to be covered should also be long enough to take account of infrequent events. The time to be covered varies according to the frequency with which an event or activity takes place. For example, Rutter and Brown suggest taking the previous week for activities such as physical caretaking, and then go on to find out about rare events in the last three months to establish how typical the last week was. For less frequent events, such as attendance at child health clinics, a longer period would be required.

THE PRE PILOT STUDY

A pre-pilot study was conducted to test the efficiency of the interview in eliciting factual information and information on feelings and emotions. The codings and rating scales were also tried out. For these purposes five fathers were interviewed.

The pre-pilot study revealed several problems. Firstly from the father's point of view the interview was too long - taking between two and a half and four hours. Secondly, a number of areas produced little information. As a result some areas were removed - which helped to reduce the interview length - and others were ear marked for removal if they produced similar results after further piloting.

Of the original list of events and activities the following were removed:-

(1) Decision Making

- (v) Length of Hospital stay
- (vi) To take time off
- (ix) Child care

(2) Services

- (iii) Contact with Midwife and Health Visitor

Those areas ear-marked as producing little information but

requiring further piloting were the decisions concerning the child upbringing and attendance at Postnatal classes.

The three decision-making areas were removed because the fathers in the pre-pilot study did not construe these as areas in which a decision needed to be made. They all said that there was no choice in the length of hospital stay for first time parents. They took time off if and when it was needed and no decision was made on child care tasks - probably because men assume that their wives will do most of it. Questions concerning contact with the midwife or health visitor revealed that these made their calls to the home during the day without notice. If a father had any contact with them it would be by chance rather than by his own efforts to be in when they call.

The interview was also found to be deficient in direct requests for expression of feelings. Further questions were developed and included for testing in the pilot study.

THE PILOT STUDY

The revised interview was piloted on ten fathers and their wives. During the pilot study a further test of the interview's efficiency in eliciting information could be made. But the main purpose of the pilot study was to test the validity of the interview in eliciting factual information. This was done by interviewing fathers and their wives separately, within the same week, and on the same day if possible. The ratings made on the basis of the father's responses were compared with ratings made on the basis of the mother's responses. The results of the pilot study are discussed below for each of the rating scales.

A further purpose of the pilot study was to test the reliability of the rating scales for feelings and emotions. To evaluate the reliability of the ratings scales the ratings of two investigators were compared. As the interviews were completed so the independent ratings were made. After the first five fathers it was clear that inter-rater reliability was only moderate. It was also clear that there were insufficient probes and requests for feelings and that the definitions of the ratings were ambiguous. Further requests for feelings and additional probes were developed and added to the interview for the rest of the pilot study. The

guidelines for making ratings were also clarified.

As a result, high levels of inter-rater agreement were obtained in the next five interviews with fathers. However, it was decided that further tests of reliability should be made. These were carried out on the first ten fathers in the main study.

The two areas ear marked in the pre-pilot study produced very limited information in the pilot study and they were removed from the interview. Piloting indicated that a few minor changes needed to be made - particularly wording and question order - but no major revisions were indicated. The final version of the interview can be found in Appendix 1.

THE MEASUREMENT OF FATHER INVOLVEMENT: RATING SCALES FOR EVENTS AND ACTIVITIES.

Questions were developed to elicit detailed factual information - for a specified period of time - for each component of involvement. On the basis of this factual information the informant was rated on a scale of involvement for each component. These scales are "firmly structured and quantitative and most consist of some form of frequency count" (Rutter and Brown, 1966). Details are given below on the type of information required for each component, the period time specified, and the ratings are described. To assess validity the accounts of husbands and wives in the pilot study were compared. Percentage agreement are reported for each rating in the following way:-

low agreement = 50 percent or less

moderate agreement = 60 - 70 percent

high agreement = 80 percent or higher

Decision Making

For each area of decision making informants were asked to talk about how a decision was made by giving a brief account of the discussion they had with their wife. Detailed systematic questioning was used to elicit the following:-

(i) Whether a decision was made, for example to breast feed in preference to bottle feed.

(ii) The fathers actual level of involvement in each decision.

(iii) What influence the father thought he should have in each decision.

On the basis of their responses to questioning, fathers were rated on a 3 point scale:-

- | | |
|------------------|--|
| <u>1. High</u> | if the decision was made jointly
or
if the father alone made the decision |
| <u>2. Medium</u> | If the mother made the decision but the father was involved in discussion on the topic |
| <u>3. Low</u> | If the father takes no part in either the decision or the discussion. He may assume a decision - but the issue will not have been discussed. |

It was decided not to include any measure of 'amount of discussion' in the scales since Brown and Rutter (1966) found poor across interview agreement on the amount of discussion couples said that they had about specific choices made in the last three months. Therefore, to include 'the amount of discussion had' in the scales could have lowered the validity of this measure of involvement.

Percentage agreement between husband and wife was high for the decision to have a child, the time to start and whether the father should attend the birth. Agreement was moderate, but satisfactory for the decision on vaccinations and the method of feeding. Questions concerning termination were only asked when the pregnancy was unplanned. As all the pregnancies in the pilot study were planned, no measure of the validity of this area could be made.

Finally a summary rating was made for overall involvement in decision making. This summary rating has 3 points, high, medium and low.

1. High:
When five decision areas are applicable four must be rated high and one either high or medium but not low.

When four decision areas are applicable three must be rated high and one either high or medium but not low.

2. Medium:

There can be any combination of highs and mediums other than that for a overall high rating. Also one low in a combination of highs and mediums is allowed or two lows with highs and no mediums.

3. Low:

For any other combination.

Percentage agreement between husband and wife on the overall rating for decision making was high.

Services

Questions were developed to ascertain what contact men had with antenatal and postnatal services.

Men were asked if they accompanied their wives to their first antenatal appointment and any subsequent appointments. They were asked to describe what happened to them at the appointment and give their reason for attending or not attending.

A rating for father involvement in antenatal services was based on his frequency of attendance during the nine months of the pregnancy. Attendance was defined as staying with his wife or waiting in the waiting room for the whole appointment. Dropping his wife off at the clinic did not count. Fathers were rated on a four point scale because a wide degree of variation was found between fathers in the pre-pilot and pilot studies.

1. High

To achieve this rating the father must have attended at least five antenatal appointments. An expectant mother has approximately 10 appointments, therefore, a father rated as highly involved would be going to half or more of the appointments.

2. Medium -high To achieve this rating the father must attend three or four appointments.

3. Medium-Low To achieve this rating the father must attend one or two appointments.
4. Low To achieve this rating the father will not have attended any appointments - he is not involved.

Fathers were asked if they had taken their child to the Child Welfare Clinic or to the G.P. since it was born. A rating of father involvement in postnatal services was based on his frequency of contact since the birth. Contact was defined as taking his child to the clinic or GP either with his wife or on his own. Again dropping his wife and child off at the clinic, or waiting outside while his wife took the baby in did not count as contact. Fathers were rated on a three point scale:-

1. High These fathers have attended three or more clinic or GP visits.
2. Med These fathers have attended one or two clinic or GP visits.
3. Low These fathers have not attended either the clinic or the GP - they are not involved.

Percentage agreement between husbands and wives in the pilot study was high for father involvement in both ante-natal and postnatal services.

Preparations

Previous studies which have looked at men's preparations for birth and parenthood have tended to see ante-natal classes as the only form of preparation. But there are a variety of ways in which men can prepare themselves. Detailed systematic questioning was used to elicit information on fathers' preparations. Questioning covered ante-natal classes, one-off father classes, films, visits to the labour ward, advantages and disadvantages of these, reading material, television and radio programmes. On the basis of their responses, fathers were rated on a 4 point scale. This scale contained a certain amount of flexibility in order to encompass the variety of preparations.

1. High

The father must have attended a course of antenatal classes. He must also have attended 75 per cent of the course.

2. Med-High

The father must have attended either:-

- (i) Fifty percent of a course of classes
- (ii) Less than 50 percent of a course or a father's class, film or visit to the hospital, and have read something relevant¹
- (iii) Nothing but read at least one baby book thoroughly. Not necessarily cover to cover, but appropriate sections when stages are reached and sections on the birth.

3. Medium-Low

The father must have attended less than 50 percent of a course of classes or attended a fathers' class, film or hospital visit, but he will not have read anything.

4. Low

These fathers would have attended nothing and read nothing, or just flipped through a book or magazine.

Percentage agreement between husband and wife in the pilot study was high for this rating.

Social involvement with the infant

Two ratings of social involvement with the infant were made:-

- 1. Holding, Cuddling, Comforting and Showing Affection.
- 2. Play.

Fathers were systematically questioned about their holding and comforting behaviour. They were asked whether they spent some

¹*Relevant literature included child care manuals (eg. Jolly, 1977., Leach, 1979., Spock 1979), baby books for fathers, (Fenwick and Fenwick 1979., Little, 1980) and Family Doctor Booklets but not

time each day holding their child, how much time yesterday and how typical this was of the week. They were asked about who attended to the baby when it was crying or distressed, about how the child responded when they comfort it and how easy or difficult they find showing affection to their baby.

On the basis of their responses to questioning, fathers' were rated on a three point scale.

1. High. The father must :-

- (i) Both hold and cuddle his baby everyday.
- (ii) Attend to his baby when it is crying or distressed at least 50/50 relative to his wife when he is home.
- (iii) Experience no difficulty in showing affection to his baby.

2. Medium. The father must either:-

- (i) Hold and cuddle his baby most days (at least 5 out of 7), show affection without difficulty and attend to the baby when it is crying or distressed, but his wife is more likely to attend.

OR

- (ii) Hold and cuddle everyday but experiences some difficulty in showing affection, and attends to his baby when it is crying or distressed but his wife is more likely to attend

OR

- (iii) have two of the three requirements for the high rating.

3. Low.

A low rating is given when the father holds and cuddles on less than five days a week, experiences difficulty in showing affection to his baby and will not attend to the baby when it is crying or distressed. A low rating is also given when the father holds for less than five days per week and does not attend to the baby when it is crying or distressed.

There may also be cases where none of the above criteria fit

exactly. In such cases the data were matched to the nearest rating.

Fathers were also questioned about the amount of play activity they engaged in with their newborn. Detailed systematic questioning elicited information on the frequency of play activity and how much fathers played with the baby relative to their wives in the time he was home. Fathers were asked to describe the type of play they engaged in and whether it differed from the type of play their wives' engaged in.

A rating for play was based on the frequency of the fathers play activity with his child. Studies carried out in the United States (Kotelchuck, 1976) and Australia (Russell, 1978) found that fathers spend, on average, one hour per day in play activities with their child. These studies also found, similar to British studies (Newson and Newson, 1963, Richards et al. 1975, Oakley, 1974), that fathers spend more time than their wives in play activity when they are home. These findings were used in the formulation of the rating scales. Fathers were rated as either: - (1) High, (2) Medium or (3) Low.

1. High. The father must:-
 (i) Play with his child everyday.
 (ii) Share play activities at least 50/50 with his wife in the time that he is home.
 (iii) Spend at least one hour each day playing with his child.

2. Medium. The father must:-
 (i) Play with his child most days (at least 5 per week).
 (ii) Spend at least 30 minutes each day playing with his child.

Fathers who play with their child daily but for less than one hour will be given a medium rating.

3. Low To make this rating the father will:-
 (i) Play with his child less frequently than 5 days per week.

Percentage agreement between husbands and wives in the pilot study was high for play and moderate but satisfactory for holding behaviours.

Child care

The aim of this study was to compare fathers relative involvement in childcare tasks in different families, rather than measure the actual physical work done or hours spent on each task. Fathers were systematically questioned on their involvement in ten child care tasks (walking crying baby around, changing wet nappies, changing dirty nappies, bathing, dressing and changing clothes, giving fruit juice, and seeing to the baby during the night-excluding feeds and if bottle fed preparing bottles, feeding in the day, feeding during the night) relative to their wives in the time that they are home. Details were obtained on the frequency with which fathers undertook these activities in the last week, and how typical the last week was of the month preceeding the interview.

Points were awarded for each task in the following way:-

<u>Amount of task done</u>	<u>Points</u>
None of it	0
Some of it but less than half	1
About half	2
Most of it-more than half	3
All of it	4

Not all tasks are applicable to all fathers, for example fathers of breast fed babies would not be coded for the feeding tasks.

The points awarded for each task were totalled to give a Child Care Score. Fathers were rated on a 3 point scale on the basis of their Child Care Score in relation to the total number of tasks applicable. Current views on men's involvement in child care suggest that highly involved fathers are those who take on an equal share when at home (Oakley, 1974, Rapoport et al. 1977, Spock, 1979) In this study a High rating was given if the father did about half of the care taking when he was at home.

Therefore his score must be at least:-

12 for 6 applicable tasks
14 for 7 applicable tasks
16 for 8 applicable tasks
18 for 9 applicable tasks
20 for 10 applicable tasks

A medium rating is given when the father does less than half but scores at least:-

6-11 for 6 applicable tasks
7-13 for 7 applicable tasks
8-15 for 8 applicable tasks
9-17 for 9 applicable tasks
10-19 for 10 applicable tasks

A low rating is given when the fathers child care score is less than the total number of applicable tasks.

Percentage agreement between husbands and wives in the pilot study was moderate but satisfactory for father involvement in child care.

Time off

Detailed factual information was obtained on the amount of time fathers took off work during the pregnancy, for the birth and in early parenthood.

Labour, Birth and Visiting

The review of the literature indicated that men do not have a coherent role during confinement. However, few studies have attempted to describe how men are involved during labour and at the birth. This study, therefore, aimed to elicit detailed factual information about father involvement during labour and birth through detailed systematic questioning.

THE MEASUREMENT OF FATHER'S AFFECTIVE INVOLVEMENT; RATING SCALES FOR FEELINGS AND EMOTIONS

Six areas of affective involvement were identified. These were :

- (i) The pregnancy
- (ii) The birth
- (iii) The foetus
- (iv) Becoming a father
- (v) The baby
- (vi) Being a father

Questions were developed to encourage fathers to talk about these areas. Also direct requests about feelings were made with a number of additional probes. Unipolar rating scales were developed for positive and negative feeling - these were based on both verbal and vocal aspects of the informants response. For each area of affective involvement, ratings were made for positive feeling and negative feeling.

Rating positive feelings and emotions

A rating was made of the amount of positive feeling the informant expresses about an event or a person. This rating is based on:-

- i) The amount of warmth the informant demonstrates either verbally or vocally.
- ii) The expression of positive statements or remarks, for example expressions of enjoyment, delight, pleasure, liking, approval and excitement.
- iii) The expression of sympathy and concern.
- iv) The expression of interest and a feeling of being involved.

This scale runs from the absense to the presence of positive feeling in a marked form. Fathers are rated as (1)High, (2)Medium and (3) Low.

(1) High

To make this rating there must be a marked expression of positive feeling. The father must make a clear unambiguous statement of positive feeling or show sympathy concern and interest or demonstrate a feeling of being involved. Particular attention

should be paid to the warmth expressed in the informants tone of voice. A lack of warmth would suggest a lower rating. Also a lack of concern or interest would suggest a lower rating.

Some examples of positive statements are:-

"I was delighted, over the moon"

"I was looking forward to it - I couldn't wait and I am really enjoying it"

Some examples of the expression of sympathy and concern are:-

"I was concerned about my wife, she seemed to be in so much pain. I didn't expect the pain to be so much"

"Throughout the pregnancy I was concerned about the kind of father I was gonna make"

"I was worried as to whether everything was gonna be alright"

(2) Medium

To make this rating the father will express positive feeling in a less marked form. The subject will respond with more cautious statements, for example "Quite happy" "delighted, but I had some trepidations". His tone may be described as not warm but not cold either. Fathers who express themselves positively but with a lack of warmth in their tone of voice are rated here.

(3) Low

To make this rating the father will not respond positively. That is there will be an absence of positive feeling. There may be an expression of indifference.

Rating Negative and Critical remarks

These are statements of dislike, disappointment, disapproval, distaste and resentment. They are rated in terms of their severity and not quantity. Like the rating for warmth, particular note is taken of tone of voice, for example, a comment such as "I didn't expect it to be like this" could be either a positive or negative comment - depending on the way it was said. Any remark

can be critical in tone alone.

(1) High

Father makes a clear unambiguous statement of disapproval, dislike etc., for example "I didn't like the pregnancy at all "or" It (the child) gets on my nerves - its always crying"

(2) Medium

Father makes a mild statement of dislike, distaste etc., for example "There were bits of the pregnancy I didn't like".

(3) Low

Father makes no statement of dislike, disapproval or resentment.

Summary scales

Summary scales were devised to provide a single overall rating of father involvement in each affective component investigated. These take both positive and negative feeling into account. Fathers who expressed positive feelings only in a marked form are rated at the highest point on this scale. Fathers who express negative feelings only in a marked form are rated at the lowest point on the scale. The remaining fathers are divided into two groups. The first of these will contain fathers who express positive feeling in a moderate form at least and negative feeling in a moderate form at most. These fathers are rated as moderate-high. The second group are rated as moderate-low. These fathers express marked negative feeling with moderate positive feeling or no positive feeling with either moderate or no negative feeling. Some of these ratings also have specific requirements and notes.

So, to summarise the information on affective involvement five overall scales were devised. A rating of

(1) High

(2) Moderate-High

(3) Moderate-Low

(4) Low

can be given

(1) High

To make this rating the subject must be rated high (1) on warmth

and positive, and low (3) on negative.

(2) Moderate-high

To make this rating the subject can have any of the following combinations.

Positive	Negative
1	2
2	3
2	2

(3) Moderate-Low

To make this rating the subject can have any of the following combinations

Positive	Negative
2	1
3	2
3	3

(4) Low

To make this rating the subject must be rated Low (3) on positive, and high (1) on negative.

ADDITIONAL REQUIREMENTS AND NOTES FOR INDIVIDUAL SUMMARY RATINGS

Feelings towards foetus

To make a high rating the feelings expressed must be present throughout the pregnancy. If feelings did not occur until late in the pregnancy, for example when the baby is kicking and moving about, a moderate rating is given.

Being a father

To make a high rating the subject must

1. Think of himself as a father.
2. Enjoy being a father very much.

Inter-rater percentage agreement was high for feelings during the pregnancy, towards the foetus, towards the child and about being a father, and moderate but satisfactory for becoming a father.

A NOTE ON STATISTICS TAU B AND TAU C

Throughout this report Kendall's Tau B and Tau C statistics have been applied to the crosstabulations to give a measure of association to summarise the relationships depicted in the tables. These statistics have been used in preference to the more commonly used chi-square statistic. By itself, the chi-square only gives information on whether variables are independent or related - it does not indicate the strength of the relationship between variables. But the chi-square can be adjusted to become the basis for assessing the strength of relationships. The Phi correlation coefficient makes a correction for the fact that the value of chi-square is directly proportional to the number of cases by adjusting the chi-square value.

However in a 2x2 table the absolute value of Phi is always the same as Tau B. Tau B, like phi, is a measure of association between two variables. It uses the information about the ordering of categories of variables by considering every possible pair of cases in the table. Each pair is checked to see if their relative ordering on the first variable is the same (p) as their relative ordering on the second variable or if the ordering is reversed (q). Tau B is most appropriate with square tables and has been applied to all 2x2 tables in this report.

In a rectangular table the Tau C statistic is used (Kendall, 1962). It is the result of dividing the difference between p and q by an approximation of the total number of pairs adjusted to the number of rows or columns, whichever is the smaller. Tau C is an index measure of strength of association between two variables and cannot be used to estimate the variance accounted for. Tau B and Tau C takes the value of +1 when all cases fall along the major diagonal and a value of -1 is achieved when all cases fall along the minor diagonal.

CHAPTER 3

SAMPLE

LOCATION OF THE PROJECT

The study drew its sample from users of four neighbouring Child Health Clinics¹. The catchment area for the clinics is the north-east sector of an outer London Borough. This is an urban area containing a mixture of owner-occupied terraced houses, pre-war semi-detached houses, local authority flats - including 22 tower blocks - and several small estates of local authority houses and maisonettes. There is also one large estate of local authority housing. House prices are cheaper in that part of the Borough and most of the industry in the Borough is situated there.

Webber (1977) developed a method of classifying residential neighbourhoods. The aim of the classification system is to summarise the diversity of residential conditions found in Great Britain. Wards and parishes form the basis of this classification. These are grouped into one of a series of different types of area on the basis of their performance on a set of 40 variables taken from the 1971 census - for example, age-structure, housing conditions, socio-economic profile, household size and employment structure. These data were submitted to cluster analyses and a set of 36 clusters were derived. Webber then reduced the set of 36 into seven main clusters which he called "Family groupings".

In this system the largest proportion of the Borough - situated on the west side - is described as containing an area of "high status" and an area of "older settlement". In contrast, the study area - situated on the east side - consist mainly of an area of "young and growing population" with an area of "urban local

¹The sampling in the fifth clinic ceased as it had produced few subjects and was situated 12 miles away from the other four.

authority housing" and a small area of "older settlement".

Areas of "young and growing population" contain both private and public housing and are distinctive for their young age structure. Local authority housing, accommodating families with very young children, tend to be found in these areas. Whereas areas of "urban local authority housing", tend to accommodate families at a mature stage of the family cycle. Areas of older settlement tend to consist of "much older" terraced housing with elderly residents.

SAMPLE CRITERIA

The review of the literature revealed that there was a strong middle-class and American bias in the populations studied. This study - to be carried out in Britain - aimed to collect data from both middle-class and working-class fathers who were married or co-habiting and had a child under three months of age. In order to control for previous experience all were first-time fathers. It was decided to aim for a sample of 40. This is considered adequate for the purpose of indentifying and describing a field (Galtung, 1967., Oakley, 1974).

FINDING THE SAMPLE

Parents were approached by the researcher at the clinic. At first, each clinic was attended once a week. After a few weeks this was changed as an appointments system was introduced to all four clinics. This made it possible to check how many parents fitting the criteria were due to attend each clinic in the coming two weeks. Clinic attendance by the researcher could then be planned a week ahead in order to maximise contact. As a result, most cases were contacted when they came to the clinic for the infant's six week developmental check-up. If the father did not attend, a letter - briefly explaining the study and inviting him to take part - was sent to him via his wife. Then an evening visit was made to the home to explain the nature of the project in more detail, to the father, to ask him to take part, and arrange a time for the interview. A subsequent visit was made - usually in the evening - to carryout the interview.

One draw-back of obtaining a sample by personal contact at the

clinic is that "non-clinic attenders" are missed. The Health Visitors were keen to ensure that mothers brought their babies to the clinic for their check ups. But there are mothers who do not attend and these were missed.

The fathers in the pre-pilot study were the first five (2 working-class, 3 middle-class) to agree to take part out of a total of seven contacted. Two (both working-class) refused saying that they had no time due to their work.

Thirteen fathers and their wives were contacted to take part in a pilot study . Ten couples (6 working-class, 4 middle-class) took part; two fathers (one from each social class) refused saying that they had no time due to work, and one middle-class father who agreed to take part, left his wife the night before the appointment for the interview.

For the first main study a breakdown of the size of sample drawn and the reasons for failure to interview is shown in Table 3.1

Table 3.1 Size of sample drawn and reasons for failure to interview

Sample drawn	58
Father could not speak English	2
Failed to contact after 3 calls to the home	5
Contacted - not interviewed:-	
(1) Agreed but could not arrange a time before child was 3 mths old	1
(2) Broke appointment-went abroad	1
(3) Refused	9
Total interviewed	40

Of the nine fathers who refused, four (2 working-class; 2 middle-class) said they had no time due to work, four (all working-class) gave no reason and one (working-class)said that he didn't like talking to strangers about his feelings.

The aim was to obtain a quota of 20 working-class and 20 middle-

class fathers. This was achieved without excluding anyone on the grounds of having too many in one group. Therefore the total sample interviewed was 40 first time fathers.

SOCIAL CLASS

Social Class was defined on the basis of the father's occupation, and allocated according to the Registrar General's Classification of Occupations.*2

Table 3.2 shows that the social class distribution for fathers' in the present study to be fairly representative of that found among first time births nationally.

Table 3.2 Distribution of first births to married women by husbands social class (England and Wales, 1978) and of the study sample by social class

TABLE REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

Source: OPCS (1980) Birth Statistics, 1978, London:HMSO

To produce two groups - middle-class (referred to as MC below) and working-class (referred to as WC below) - has meant collapsing the Registrar General's six groups into two, i.e. MC= social class I, II, IIINM, WC= social class IIIM, IV, V. This was made necessary by the small size of the sample, but it is not wholly satisfactory, since many studies show class gradients between all six social class

²Only one father was unemployed. He was classified on the basis of his usual occupational status.

groups on indicators of health, welfare and behaviour, (for reviews see the Black Report on "Inequalities in Health", and Reid, 1981). Throughout the following sections information on social and demographic variables are presented and broken down according to social class. Unless specified differences between class groups are statistically non-significant.

BACKGROUND

Fathers in the sample varied in age between 18 years and 37 years with a mean of 27.9 years. Middle-class fathers were, on average, $2\frac{1}{2}$ years older than working-class fathers ($WC\bar{x} = 26.6$, $MC\bar{x} = 29.1$, $t=2.11$, $df=38$. $p<.05$).

Most of the fathers were Londoners. Twenty-five percent were born in the study Borough with a further 35 percent born elsewhere in London (see Table 3.3).

WC fathers were more likely to be Londoners, but the difference was not statistically significant.

The mean school leaving age for all fathers was 16.9 years. Sixty-three percent had left school before they were 17 years old. There was a significant social class difference for school leaving age. MC fathers, on average, spent 2.9 years longer at school than WC fathers ($WC\bar{x}=15.5$ yrs, $MC\bar{x}=18.4$ yrs, $t=3.64$, $df=38$, $p<.001$). The social class difference in educational background was also reflected in levels of qualifications. MC men were five times more likely to have reached 'A' level standard or higher³ (see Table 3.3).

WORK

Only one father was unemployed at the time of interview. He was made redundant shortly after his wife became pregnant. A small group of fathers were self-employed (20% WC, 15% MC). Middle-

³The definition of 'A' level standard was based on the classification used in the General Household Survey. By this definition, 'A' level standard includes various technical and craft qualifications, especially City and Guilds Advanced Level.

class self-employed fathers were running their own business with employees, whereas working-class self-employed fathers were contracting their skilled labour to large firms.

The average total weekly hours worked by men in full-time work in Britain in April, 1980 was 42.6 hours (New Earnings Survey, Dept of Employment, 1980). This figure is based on total weekly hours worked excluding meal breaks and unpaid overtime. The method for calculating total hours worked in this study included meal breaks and unpaid overtime as an assessment of total hours at work was made. This method of assessing work hours was preferred to that of the New Earnings Survey as it is total actual hours at work that is likely to affect a father's opportunities to be involved in the home.

The total hours worked in the previous week by fathers in this study ranged from 31 to 83 with a mean of 49.8 hours. Even though this includes meal breaks and unpaid over-time this figure is still higher than the National average. This may be due to the high percentage of fathers who worked overtime. Indeed, a number of studies have shown that paid over-time is most common among younger married men, especially those with dependent children (National Board of Prices and Incomes, 1970). Fifty-four percent of the fathers (58% WC, 50% MC) in the study had worked some over-time each month in the three months preceeding the interview, with 41 percent (37% WC, 45% MC) working over-time every week in the same period. Fifty-one percent of the fathers (59%WC, 45% MC) had worked at least one weekend per month in the three months preceeding the interview with 28 percent (26% WC, 30% MC) working part or all of every weekend in the same period. Over-time and weekend work was more prevalent among manual workers, but there were no significant social class differences. Only five fathers (10% WC, 15% MC) were working shifts and only one father - in a middle-class occupation - had a second job as an evening barman.

Middle-class men worked, on average, longer hours than working class men but the difference did not reach statistical significance ($WC\bar{x} = 46.3$ hours, $\sigma = 9.3$ hours, $MC\bar{x} = 53$ hours, $\sigma = 13.9$ hours, $t = 1.76$, $df = 36$, $p > .1$).

HOUSING

In general the study population was well housed (as was a much larger national sample of families with pre-school children in an OPCS survey⁴). In the Greater London Council's "Social Review of London" the Borough is among the top ten for levels of home-ownership and satisfaction with housing (based on the Dept of the Environment's National Dwellings and Housing Survey, 1978). Eighty percent (65% WC, 95% MC) of the fathers were owner occupiers, five percent (5% WC, 5% MC) were in private rented accommodation, 7.5 percent (15 WC, no MC) were in council flats (tower block) and the rest were living with their relatives (15% WC, no MC).

Three quarters (75%) lived in a house (60% WC, 90% MC) and 17.5 percent lived in a flat (25% WC, 10% MC). Altogether 15 percent of the families lived above ground floor level (25% WC, 5% MC). Therefore, although most working-class families were adequately housed, such housing disadvantages as existed in the area were weighted towards them.

MARITAL AND REPRODUCTIVE BACKGROUND

Most fathers (57.5%) married⁵ between the ages of 20 and 24. Middle-class fathers had, on average, been married longer than working-class fathers at the time of interview (WC \bar{x} 3.8 years, MC \bar{x} 5.1 years) but the difference was not statistically significant (see Table 3.3).

Just over half of the fathers (52.5%) had been married between two and five years before starting a family (55% WC, 50% MC), leaving ten percent (5% WC, 15% MC) in their first two years, 25 percent (15% WC, 35% MC) married for more than five years and 12.5% (25% WC, no MC) getting married during the pregnancy.

⁴See Bone, M(1977). Pre-school children and the need for day-care. London H.M.S.O.

⁵Time when the couple started living together.

Five couples (1 WC, 4 MC) had had previous pregnancies, four having had one, while the fifth couple had had two. In all cases the pregnancies had ended in miscarriages. Also another couple had gone through a phantom pregnancy. All but seven fathers (6 WC, 1 MC) said that they or their wives had used some form of birth control prior to deciding to start a family. For those that had used contraceptives the most common method was the pill (78.6% WC, 68.4% MC) followed by the sheath (no WC, 21% MC) and the IUD (14% WC, 5% MC). One middle-class couple were using the withdrawal method and one working-class couple were using a cap. Of those not using contraceptives, five couples had got married because of the pregnancy, one couple had been trying for a child since they married and one father reported that he and his wife did not use contraceptives because his wife was not menstruating -she had been diagnosed as having anorexia nervosa for which she had been hospitalised.

In all but seven cases (5 WC, 2MC) fathers' reported that they had been trying for a child. The seven couples who had not been consisted of five premarital conceptions, the father whose wife had anorexia nervosa and one case where the father reported that his wife came off the pill because "of her age and Doctor's recommendation."

AGE AND SEX OF CHILD

Fathers were interviewed between two and three months post partum. Half of the interviews were with fathers of eight and nine week olds, ten percent were ten weeks old and the remainder were 11 and 12 weeks old. There was no significant relationship between social class and age of child at time of interview. Twenty-three fathers had daughters (11WC, 12 MC) and the remainder had sons (9 WC, 8 MC). There was also no relationship between social class and sex of child ($Tau C = .05$, ns).

LENGTH OF INTERVIEW

Interviews took between one hour and three hours with a mean of one hour-42 minutes. Middle-class fathers took on average, 11.5 minutes longer to interview than working-class fathers, but the difference was not statistically significant ($WC\bar{x} = 1 \text{ hour } 36 \text{ minutes}$, $MC\bar{x} = 1 \text{ hour } 47.5 \text{ minutes}$, $t = 1.39$, $df = 38$, ns).

SUMMARY

The sample for the first study was drawn from users of four neighbouring Child Health Clinics in an Outer London Borough. The area contains a mixture of private and public housing and the population has a young age structure (Webber, 1977). The study aimed to collect data from 40 first-time fathers who were married or cohabitating and had a child under three months of age. A further aim was to obtain equal numbers of working-class and middle-class fathers. These aims were achieved.

Some significant differences were found between working-class and middle-class fathers. Middle-class men were older, had spent longer in full-time education and were more likely to have reached 'A' level standard. But for work hours, place of birth, length of time married at time of interview, length of interview and sex of infant, there were no significant social class differences. In general the study population was well housed, but such housing disadvantages as existed in the area were weighted towards working-class families.

The quota of 20 working-class and 20 middle-class fathers fitting the criteria were obtained without excluding anyone on the grounds of having too many in one group and the social class distribution was fairly representative of first time births nationally.

Table 3.3 Social and Demographic variables by social class

		<u>Social Class</u>	
		MC	WC
		n(%)	n(%)
<u>Place of birth</u>			
	Study Borough	5 (25)	5 (25)
	Other London Borough	4 (20)	10 (50)
	Outside London	11 (55)	5 (25)
<u>Educational qualifications</u>			
	None, CSE	2 (10)	8 (40)
	'O' level	7 (35)	10 (50)
	'A' level +	11 (55)	2 (10)
<u>Age at time of marriage</u>			
	18-19yrs	1 (5)	4 (20)
	20-24 yrs	11 (55)	12 (60)
	25-29yrs	7 (35)	3 (15)
	30yrs +	1 (5)	1 (5)
<u>Sex of child</u>			
	Male	8 (40)	9 (45)
	Female	12 (60)	11 (55)

CHAPTER 4

RESULTS: PART ONE

FATHER INVOLVEMENT IN PREGNANCY, BIRTH AND EARLY PARENTHOOD: A DETAILED, FACTUAL ACCOUNT

INTRODUCTION

The results of this study of 40 first-time fathers will be described in two parts. In this chapter a detailed factual account of father involvement in pregnancy, birth and early parenthood will be made. In the following chapter the second part of the results will be presented. In that chapter the interrelationship between the components of involvement will be examined.

Hypotheses will then be developed and tested by the data to examine whether factors; such as social class and work hours, affect a father's level of involvement.

HAVING A CHILD: THE DECISION

While discussing views about having a child, fathers were asked if there had been a time in their lives when they thought they never wanted to have children. Eighty percent had never felt this way, that is they always felt they wanted children at some stage. Only 12.5 percent had at some time definitely thought they did not want children and only one father had at some stage been uncertain. No one claimed that they still did not want children or were uncertain. Fathers were also asked if there was a time when their wife never wanted to have children and 87.5 percent reported that their wives had always wanted children. Three fathers (7.5%) reported that there was a time when their wives definitely did not want children, and two fathers (5%) said their wives had been uncertain at some time. But no father said that his wife still did not want children or was still uncertain.

A number of detailed systematic questions were asked about how the decisions to start a family, and the time to start, were made. On the basis of their responses fathers were rated for their level of

involvement in each decision. They were also asked what influence they thought they should have in each decision.

For the decision to have a child ratings were made for 37 fathers*¹. Of these 92 percent were highly involved, but none had taken the decision alone. All reported that the decision was made jointly. One father said that he and his wife had discussed whether or not to have a child, but he left the decision to her; he was given a medium rating. Two fathers were given a low rating: one said 'I just assumed we would have children'. The other was not aware that his wife was trying for a child:

"My wife was trying - I didn't know, I just wasn't thinking about it - I wasn't concentrating very hard".

When asked about how much influence the father should have in the decision to have a child only one father said he 'didn't know'. The largest proportion (86%) said that the influence should be shared equally with their wives. One father said 'I should have the upper hand at least' and two fathers felt that they should be the one who makes the decision. Only one father felt that he should have less influence than his wife.

Of the 34 highly involved fathers, 32 said that their influence should be shared equally with their wives, one said his view should be the only influence and the other said it should be less than his wife's. The father who said he should have the upper hand at least was only given a medium rating and the father who had assumed he and his wife would have children said his influence should be '100 percent'.

For the decision concerning the time to start a family ratings

¹*No ratings were made for three fathers as, in their cases, no discussion about having a child had taken place, nor decision made. The pregnancy was an accident.

were made for 35 fathers *2. Of these 74 percent were highly involved (all reported that the decision was made jointly). Twenty percent were given a medium rating and the remaining two received a low rating. When asked about how much influence the father should have on the time to start having children, only one father did not know. The largest proportion (86%) said the influence should be equally shared with their wives. Only two fathers felt that they should be the only influence and one father said he should have some influence, but less than his wife.

All but one of the highly involved fathers said their influence should be equally shared with their wives; the other highly involved father felt he should be the only influence. Of the seven who were rated at medium involvement, six said their influence should be shared equally with their wives, therefore implying they should have more influence than they actually had. The other medium involved father said he should have some influence, but less than his wife. One father who received a low rating said he should be the only influence and another did not know.

Seven fathers said that the pregnancy was not planned. These fathers were asked about any discussions that may have taken place about the possibility of a termination. Only two fathers said that they had discussed this with their wives and in both cases a joint decision was made to have the baby as they were both against abortion. Another father wanted his wife to have a termination but he did not tell her and she alone decided to have the baby. He felt that he should have had more say at the time but was glad now that he did not. The remaining four couples did not discuss the possibility of a termination. Three said that they and their wives just accepted it and one father said:

2*No ratings were made for five fathers. The three fathers who had not made a decision to have a child were not asked these questions. The other two fathers were not married when their wives became pregnant. These couples had decided to marry and have children but had not decided when.

"We never discussed it - it's against our religion"
(Jehovah's Witness).

Overall nearly all fathers were highly involved in decisions concerning having a child, and the time to start a family. Most fathers also felt that these decisions should be equally shared with their wives.

THE ANTENATAL CLINIC

During the pregnancy all of the wives attended an antenatal clinic. Seventy five percent of the wives attended ten appointments, ten percent attended between five and seven, and 15 percent attended 12 or more. Fathers were asked if they accompanied their wives to the first appointment. Only 17.5 percent did so, while a further 30 percent said that they would have liked to have gone. It was hospital policy not to allow husbands into the clinic, so they had to sit outside in the waiting area - only one father expressed dissatisfaction about this arrangement.

Fathers were also asked, if they accompanied their wife to any subsequent appointments at the clinic. A rating of fathers' involvement in antenatal care was based on the total number of appointments attended (see Table 4.1)

Table 4.1 Father involvement in antenatal care

<u>Level of involvement</u>				
	High	Medium	Medium	Low
		-High	-Low	
N	6	4	18	12
(%)	(15)	(10)	(45)	(30)

Table 4.1 shows that 70 per cent of the fathers went at least once. Of the 26 fathers who went on subsequent occasions to the antenatal clinic, 21 stayed in the waiting area for the whole

appointment, four happened to go on the day their wife had a scan and were admitted into the scan room and one father - whose wife was having private treatment - was allowed to stay with his wife for part of the time.

The fathers just assumed that they had to wait outside. None of the fathers knew why they were not allowed to go in with their wives, and could only suggest reasons:

"I can imagine it would be very awkward if a husband insisted on going in. There must be ten to 15 women in a state of undress".

"I wouldn't want to hinder the doctor".

"I suppose I would have been a bit out of place".

Ninety percent of the fathers said that their wives had a scan. Only 33 percent of these fathers accompanied their wives to the clinic on that day and only half of them were admitted to see the scan. A further five fathers were told to sit in the waiting area, but had told the staff they wanted to see the scan. Also one father did not know whether he wanted to see it or not, but was not given the opportunity. No reasons were given by the staff for not admitting fathers. Only one father was unhappy about being excluded, the rest said that the staff must have their reasons. In theory it was hospital policy not to admit fathers to the scan and there was a notice on the wall outside the scan room stating this. But in practice whether a father was admitted or not was dependent on who was on duty at the time.

Father's reasons for not attending antenatal clinics or the scan varied. Of the 33 fathers who did not attend the first antenatal appointment the main reason given was that they were at work (64%) . A further 24 percent said that they could not see the

point of going, nine percent said a relative went with their wife and one father said his wife did not want him to go. Half of the 14 fathers who did not accompany their wives on subsequent appointments gave work as the reason, a further 36 percent could not see the point of going. Of the remaining, one said his wife was accompanied by a relative and the other said his wife did not want him to go.

Overall 70 percent of the fathers went to at least one appointment. But the general level of involvement in antenatal care was low with the main reason for not attending being a reluctance to take time off work for routine appointments.

PREPARATION FOR FATHERHOOD

(I) Previous experience

Fathers were asked about their previous experience with children. More than half (55%) had looked after children for relatives or friends at some time, but only 10 percent had done this during the pregnancy. Before their child was born, 75 percent had never changed a nappy, 72.5 percent had no idea how to put one on, 72.5 percent had never fed an infant under three months of age and 67.5 percent had never fed an infant of three months to one year. Over half (57.5%) said that they had talked to other parents about what it is like to be a parent, but all of them did this during the pregnancy and not before. Overall previous involvement with children, particularly at a practical level, was low.

(II) Preparation classes

A course of preparation classes were offered to all expectant mothers and 80 percent of them attended. But courses for couples or fathers are a recent development and none of the four clinics in the study area offered such classes. However, two clinics in a neighbouring area offered a six week evening course for couples and the National Childbirth Trust ran a six week evening course for couples in the Borough. Six fathers attended the course offered at the clinics in the neighbouring area and one father attended NCT classes. None of the four clinics in the study area turned fathers away if they turned up, but only one father in the

sample did. Of these eight fathers, six went at their own initiative and two at their wives. All eight went with their wives, six completed the full course, one attended four classes and one attended three. Only a further 15 percent of the fathers said that they would have liked to have attended a course of classes. But 95 percent of the total sample said that classes should be open and available to fathers. Only one father felt that they should be for mothers only and one father did not know.

All of the eight fathers who attended a course of classes said they were useful and that they personally benefitted from attending. In particular they mentioned learning about foetal development, their role at the birth, breathing exercises, feeding, and practical skills such as bathing and changing nappies. Three fathers also added some criticisms. One father felt that the instructor was not adequately trained, one said that too little attention was given to breathing exercises and, the other said:

"They gave the impression that everything runs like clock-work - that was very misleading".

Only one father said that he did not want to go as he "didn't see the point of it". This father was persuaded by his wife to go to the classes which were only aimed at expectant mothers - he stopped going after four classes.

Men's reasons for not attending a course of classes varied. Twelve fathers were not aware of any classes being available, seven fathers did not see the point of going and a further six said they had no time due to being at work. Four fathers said that they would have gone if other fathers did and one father said that his wife was in hospital and he did not want to go alone. This left two fathers who had no reasons.

The clinics in the area also ran a single fathers' class which was either a talk or a film show and a clinic in a neighbouring area also offered an evening film show. Some fathers were also invited to a tour of the maternity unit. Fathers were asked if they

attended any of these. Just over half (52.5%) had been to a class showing a film, 17.5 percent had been to a father's class where a talk was given. Three fathers had been on a tour of the maternity unit.

Of the fathers who saw a film, 85.7 percent mentioned ways in which it was useful, particularly seeing a baby being born, but 43 percent said that they had some criticisms:

"They are so generalised - because I suppose there is no such thing as a typical pregnancy or birth".

"It was misleading on how a woman feels at the time of birth. They made it look so easy".

"It did not prepare me at all".

"It was misleading because there were lots of doctors there. It was nothing like the real thing".

All the fathers who attended a single fathers class said that it was useful. But three fathers had some criticisms.

"It was a bit rushed, the midwife didn't seem that bothered, she looked like she'd done half a dozen before we came".

"The talks could be improved especially on what is available in this area".

"The class turned out to be a bit of a bore due to some of the fathers... It was spoilt by a few nutters who talked about things that might go wrong...taking us off the track".

The three fathers who went on a tour of the labour ward all found what they learnt useful. None had any criticisms.

Of the fathers (27.5%) who did not attend a film, fathers evening

or anything else, the major reason was that these were not offered. When told that such classes were available they all said that they were not told about them. The only other reason was that their wives did not want to go.

Overall father attendance at preparation classes*⁴ is shown in Table 4.2.

Table 4.2. Fathers attendance at preparation classes

<u>Total number of classes attended</u>					
	0	1	2	3-4	5+
% attending	27.5	37.5	12.5	7.5	15

As can be seen in Table 4.2 most of the fathers (72.5%) attended at least one class - mostly single fathers classes (film or talk). The fathers of the eight wives who did not attend any classes did not attend anything either, and if a father went to a class his wife was always with him.

(III) Reading in preparation

Fathers were asked if they had read anything on pregnancy, birth or children and parenting, during the pregnancy. Fifteen percent had read at least one book cover to cover, a further 40 percent had read parts of a book or books, looking up the different stages of the pregnancy as they occurred and 20 percent had just flipped through a book. The remaining 25 percent had not read any books. Some fathers had read a magazine such as 'Parents' or 'Mother and Baby' but the majority (75%) had never read any magazines. A further 12.5 percent had just flipped through one.

There are a number of radio and television programmes on pregnancy, birth and parenting. When asked if they had heard or

⁴*Course and film and father's evening and anything else.

watched any of these during the pregnancy 45 percent said they had not. Only 27.5 percent had made a special effort to watch a television programme and a further 25 percent said that a programme 'just came on so I watched it'. Only three fathers had listened to a relevant programme on the radio.

Fathers were rated for their level of involvement in preparations. This rating was based on the total number of classes attended and the total amount read. The ratings are shown in Table 4.3.

Table 4.3 Ratings for father involvement in preparations

	High	<u>Level of preparation</u>		Low
		Medium -High	Medium -Low	
n	6	19	5	10
(%)	(15)	(47.5)	(12.5)	(25)

The ratings indicate that three quarters of the fathers (75%) were making some effort to prepare themselves for the birth and parenthood. But in comparison to their wives the fathers preparations were low. The majority of wives (80%) attended a course of classes. Wives also went to the fathers evenings, films and visits to the maternity unit.

When asked if they felt adequately prepared for parenthood 77.5 percent said that they had been, while the rest said they had not. Those fathers who were more highly prepared were more likely to say they were adequately prepared (Tau C= .35 p<.01).

Thirty-five percent felt that men's preparation for birth could be improved, and 42.5 percent felt that men's preparations for parenthood could be improved. Fathers suggested that they should be more involved at the antenatal clinic and see more of the Health Visitor and midwife. Some suggested that there should be more antenatal classes for couples which taught practical skills such as changing nappies and giving more advice and information on how

to cope with children and how to understand their wives feelings. One father even suggested that there should be someone available to whom the father could go to for help and advice - he did not feel that the Health Visitor was the right person for this.

FATHERS AFFECTIVE INVOLVEMENT DURING THE PREGNANCY

Three ratings were made of fathers affective involvement during the pregnancy. These were based on the feelings that fathers expressed either spontaneously or in response to direct questions about:-

- (i) the pregnancy,
- (ii) the foetus,
- (iii) becoming a father.

(I) Affective involvement in the pregnancy

The rating for fathers' affective involvement in the pregnancy are shown in Table 4.4.

Table 4.4 Fathers' affective involvement in the pregnancy

	<u>Level of Involvement</u>			
	High	Med-High	Med-Low	Low
N	15	20	4	1
(%)	(37.5)	(50)	(10)	(2.5)

The fathers with a 'high' rating expressed positive feelings in a marked form and no negative feelings. Some examples of such positive statements are:-

"I was delighted, delighted. I went to work and told my two partners and they were as delighted as I was - no, I was thrilled"

"She looked better than ever really, they do don't they - rosy cheeks, she was alright"

"I liked everything about it, she was good pregnant, she carried it well, I enjoyed her being pregnant knowing at the end you're going to have a daughter".

A further 22.5 percent expressed positive feeling in a moderate form with no negative feelings. These fathers were given a moderate-high rating. Some examples of such positive feeling are:-

"Pleased I suppose at first - its hard to explain - I suppose a bit apprehensive but in the main pleased".

"I think it was pretty good, it was alright"

"I felt apprehensive a bit, its a big thing, but soon got use to the idea - it didn't take very long. I thought, I hope things just go O.K. - like I say we had been trying for a while - obviously comes as a surprise. I only hoped that she would be OK, and nothing would go wrong".

The remainder (40%) expressed some negative feelings (81.3% moderate, 18.7% marked) Only one father was given a low rating as he expressed negative feelings only, in a marked form. In this case the pregnancy was not planned and the father felt that he had to get married.

"I was shocked, completely at first and then I got a bit annoyed that it had happened to me. I like going out with my mates to pubs and discos - thats all at an end - all me motor bikes, carefree days, drinking every night....I can't see how its anything special, she just got big."

Some further examples of marked negative feelings expressed by married men who had planned the pregnancy were:

"Its a millstone round your neck"

"It was fairly traumatic really, we had a few problems -

arguing and rowing. We found that she was pregnant and you know I think I was beginning to feel a little shut out of it all and I, foolishly as it turned out to be, started going out with someone else. I felt a bit excluded - pushed aside".

Some examples of moderate negative feelings were:-

"It got a little bit strained at times, I don't think it would ever get out of hand".

"The longer it went on the more irritable we got with each other because we couldn't wait for it to happen"

"It went on for a long while especially towards the end".

"It can be a bit of a bind sometimes can't it"

Of the four fathers who were given a moderate-low rating, two expressed marked negative feelings and moderate positive feelings, and two expressed moderate negative feelings only. The rest of the fathers expressed moderate negative feelings with positive feeling in either a marked or moderate form. These fathers were given a moderate-high rating. Overall 52.5 percent of the fathers expressed positive feelings about the pregnancy in a marked form and a further 40 percent in a moderate form. Only 7.5 percent expressed negative feelings in a marked form with a further 32.5 percent in a moderate form. When both positive and negative feelings are taken into consideration to make the rating, Table 4.4 shows that the majority of the fathers (87.5%) had moderately - high to high levels of affective involvement during the pregnancy.

(II) Affective involvement with the foetus

The ratings of fathers affective involvement with his unborn child (the foetus) are shown in Table 4.5.

Table 4.5 Ratings for fathers affective involvement with the foetus

	<u>Level of Involvement</u>		
	High	Medium-High	Medium-Low
n	8	24	8
(%)	(20)	(60)	(20)

The fathers with a high rating expressed positive feeling in a marked form and no negative feelings. These fathers had such feelings towards their unborn child throughout the pregnancy:-

"I imagined she had a character through the nine months and especially when she started kicking. You feel some kind of rapport with the baby"

"I used to talk to it and put my ear to it, I'd say come on, come on, I hope you look good when you come out. And when I saw the scan that really did do something for me and especially when she was moving her leg"

A further 27.5 percent expressed positive feelings in a moderate form with no negative feelings. These fathers reported that their feelings towards the foetus developed later in the pregnancy - usually when they could feel it kicking and moving about.

"It didn't really sink in until it started moving then I used to try and imagine what it would look like, what it was doing when it turned round, what it was thinking and what it was gonna be - a boy or a girl"

Only 15 percent expressed negative feelings and all were in a moderate form:

"Generally its just a thing rather than a person... only in the later stages - when it started kicking - I knew there was something in there"

"Before it kicked, I suppose you could say its a dead weight. It didn't have any features of its own"

Only one father expressed moderate negative feeling only:-

"I didn't feel anything while it was inside. I knew it was alive but it didn't have no personality".

The remaining fathers who expressed negative feelings also expressed positive feelings in a moderate form. There was also a group of fathers (17.5%) who did not express either positive or negative feelings:-

"Towards the baby - no not really. I didn't give it a thought, it didn't occur to me that people would react like that".

"I didn't really believe him to be a baby until he was actually born... really no feeling at all".

"Not really, its hard to imagine, realise there was anything in there till you'd actually seen the baby. I was concerned with the wife at the time -I didn't really have any feelings".

Overall 20 percent of the fathers expressed positive feeling towards the foetus in a marked form and a further 60 per cent in a moderate form. Only 15 per cent expressed negative feelings, and all did so in a moderate form. When both positive and negative feelings were taken into consideration to make the ratings (Table 4.5) the majority of the fathers (80%) had moderate-high or high levels of affective involvement with their unborn child.

(III) Affective involvement in becoming a father

The ratings of men's feelings about becoming a father are shown in Table 4.6

Table 4.6 Ratings for father's affective involvement in becoming a father

	<u>Level of involvement</u>		
	High	Medium	Medium
		-High	-Low
N	15	24	1
(%)	37.5	60	2.5

The fathers with a high rating expressed positive feelings about becoming a father in a marked form and no negative feelings. For example:

"Very, very excited - it's hard to describe - excited, overjoyed".

"I tried to imagine - it being a new experience, as the first child it was mainly from what I was being told and observing from other people - it was something I was looking forward to and a challenge I wanted to take on".

"I looked forward to it because it was a thing in my life I wanted to do. I wanted to be a father".

A further 25 percent expressed positive feeling in a moderate form without negative feeling:

"I was pleased, quite looking forward to it".

The remainder (37.5%) expressed negative feelings in a moderate form:

"It wasn't something that particularly bothered me - I was looking forward in a rather pessimistic way - when I see it I'll believe it".

"I was looking forward to it but not at first".

"I thought it would be hard to adjust to - you fear what

it's going to be like to be a father - especially with the first one".

Of these only one father expressed negative feeling only, one also expressed positive feeling in a marked form and the rest also expressed moderate positive feelings.

Overall, 40 percent of the fathers expressed positive feelings about becoming a father in a marked form and a further 57.5 percent expressed positive feelings in a moderate form. But 37.5 percent expressed moderate negative feelings. When both positive and negative feeling were taken into account to make a rating (Table 4.6), 97.5 percent had moderate-high to high levels of affective involvement in becoming a father.

TAKING TIME OFF DURING THE PREGNANCY

Fathers were asked if they took any time off work during the pregnancy (for reasons to do with the pregnancy). More than half (57.5%) said they did. Only three fathers took off five days or more; the rest took either a day or a couple of half days. The main reason given for taking time off was to accompany wives to the antenatal clinic. Just over half of the fathers (52.2%) who took time off during the pregnancy took it as part of their annual leave, 13 percent took unpaid leave, but 34.8 percent were granted special leave and they did not lose pay. No father reported experiencing any difficulties in getting time off.

FATHER INVOLVEMENT DURING LABOUR AND DELIVERY

This section provides a factual account of fathers level of involvement during labour, delivery and the hospital stay.

(I) Admission

On admission to the maternity unit 57.5 percent of the expectant mothers were in labour, 25 percent were admitted for induction and five percent for caesarian section. Eighty-three percent of these wives had their husbands with them when they were admitted. The other fathers were at work. Their wives had gone to the hospital for a routine antenatal appointment and were admitted. The

remaining five wives went into labour whilst in hospital after being admitted earlier for bed rest.

(II) Labour

Two wives never went into labour - they were admitted for and subsequently had a caesarian delivery. The husbands of these wives stayed with them whilst they were being prepared for surgery. The rest of the wives had their husbands with them for all or part of the time during labour except in one case - he did not want to be there.

In Britain there is no statutory provision for paternity leave, if a father wants to attend the birth of his child he has to arrange for time off work. In fact 15 fathers (37.5%) in this study did not need to take any time off as their babies were born either at the weekend or a night. There was also one father who was unemployed and one who did not intend on being there. This left 23 fathers (57.5%) who took some time off to attend labour and delivery. Two took half a day off, 12 took a day off, eight took two days and one took a week off.

Only three fathers said that their employers ran a paternity leave scheme (two paid, one unpaid), though a further six were given special paid leave. Of those remaining, two took sick leave, seven took annual leave and five took unpaid leave. Overall, fathers were satisfied with the amount of time they took off. Two fathers said that they would have preferred more time, and only one reported having difficulty getting time off.

The proportion of time husbands were with their wives during labour ranged between 17 and 100 percent, with 83.8 percent there for more than half of the labour (see Table 4.7).

Table 4.7 Proportion (%) of time attendant fathers spent with their wives during labour

	25%	26-50%	51-75%	76-90%	91+%	Total
n	1	5	10	11	10	37
(%)	(2.7)	(13.5)	(27)	(29.5)	(27)	(100)

Reasons for not being present for some of the time varied. Some were excluded by the hospital staff. One father was only allowed to stay with his wife during early labour. He was sent home by the staff and told to return in the morning as nothing was going to happen that night - in fact it did. His daughter was born in the early hours and he could not be contacted as he did not have a telephone at home.

Only three fathers were allowed to stay with their wives whilst they were 'being prepared' ie. bathed, shaved, etc. The rest had to sit in the waiting room.

"When we got there they took her off for a bath and change - I sat in the waiting room for 1½ hours"

"They took her away for a bath - it was a good hour before I saw her again".

During labour two thirds of the fathers (66.7%) were asked to leave the room at some stage by the staff. Of these, 71 percent were told that their wife was going to be examined, the remainder were not given a reason. Only two fathers protested on these occasions but without effect. The rest of the fathers (33.3%) were allowed to stay during examinations.

The actual number of times fathers were asked to leave the delivery room by the Midwife or Doctor ranged between none and seven (see Table 4.8).

Table 4.8 Actual number of times fathers were asked to leave the room during labour

	<u>Number of times</u>					
	0	1	2	3	4	5-7
%	33.3	16.6	19.5	8.3	11.1	11.1

Fathers left the labour for other reasons. Some were told to go home and come back later when labour was more advanced. Others went out for a drink, a meal, fresh air or to telephone relatives about progress. None of the fathers left the labour room because they felt upset, faint, sick or unwell. One father reported feeling faint and another sick but neither felt it necessary to leave the room. These fathers did not expect to feel like this and added that it only lasted for a few minutes.

The fathers who were present during the labour were asked if they helped in any way. All but one father mentioned ways in which they helped. Most fathers (82%) mentioned being supportive by holding their wife's hand talking to her and comforting her. Seventy-eight percent of the fathers also mentioned being involved in more practical ways, i.e. by encouraging and helping with breathing, rubbing backs, monitoring the machines and fetching refreshments.

(III) The birth

Twenty percent of the wives had a natural delivery without analgaesia. A further 45 percent had a natural delivery with analgaesia, 7.5 percent had a forceps delivery, 17.5 percent had an epidural (forceps were used in three of these cases) and ten percent had a caesarian section.

Nearly all of the fathers (95%) intended being present at the birth and 72.5 percent were. Of the nine fathers who intended to be present but were not, three were excluded by the staff because their wives had caesarian deliveries, one was told to leave because forceps were going to be used and four fathers were just told to leave (these fathers later found out that forceps were used and that is why they were excluded). The remaining father was at home and could not be contacted.

All but one of the attendant fathers reported that they helped in some way during the birth:

"I held one of her hips and her arm and kept a flannel on her head".

"I had one hand on her back and one hand on her leg - I encouraged her".

"I pushed her head up and told her what to do 'cause she wouldn't take any notice of the nurses".

"I was pushing my wife's head forward and getting her to do the breathing - relaying the midwife's instructions."

The father who reported feeling faint during labour also felt faint and sick during the delivery - but he did not faint, was not sick and stayed throughout. He said that he did not expect to feel like this and put it down to being inadequately prepared. Only one other father felt faint:

"I think I was overcome by the heat of the delivery ward and the circumstances of watching the actual birth, or waiting for it. I don't like the sight of blood at the best of times. I sat down, put my head between my legs and recovered. It was just before the delivery".

The rest of the fathers did not report feeling sick, faint, upset or unwell. All 29 fathers were present throughout the delivery. None were asked to leave for any reason during the delivery and all but two stayed for the delivery of the placenta.

"I said I'll miss out on the next bit (the afterbirth?) yeah I'm very squeamish on that".

"I didn't want to see the afterbirth it looks like liver, I don't like liver".

(IV) Men's feelings during delivery

The 29 fathers who attended the birth were asked about their feelings during delivery. All of them mentioned positive feelings about seeing their child being born:

"It is a wonderful experience, I mean you can't say that it isn't - an experience - you can say is the best in your life".

"Wonderful, marvellous, best thing in the world - you couldn't wish for anything better - one of the most happiest moments in your life - every man should do it, wonderful, great, too good for words".

"It is a once in a lifetime experience to see a new child being born. It's beyond comprehension - I would recommend it".

"I thought it was terrific, I wouldn't have missed it for nothing - I'd be there everytime - I was gonna have a fight with the bloke over who was gonna pull him out. I fancied pulling him out myself".

Some fathers also mentioned advantages and benefits from attending:

"It helps you understand a bit what the wife goes through".

"I've got a lot more feeling for the baby - you're a lot more tolerant".

"It gives moral support to the wife".

"I feel closer to her (the baby) than I might have done".

Almost half (48.3%) mentioned aspects of the delivery which they did not like. Seven fathers said that they did not like seeing

their wives in pain.

"I didn't like seeing my wife suffering. She was in pain and I realised how much women go through".

A further five fathers mentioned the attitudes of the hospital staff:

"I was a bit put out by the apparent apathy by the nursing staff - but they are doing it all the time. We weren't individuals to them - just a couple having a baby, the midwife was a bit of a bossy type. It was all a bit clinical. They didn't have any emotional involvement at all".

"The attitudes of the doctors and midwives - totally unfeeling and totally uncaring".

"It could have been done without the aggravation from the midwife, they could have been more understanding".

Also one father mentioned that he did not like seeing the cord being cut and one father said that his baby looked ugly until they cleaned it up.

Overall however, the experience of seeing their first child being born was a highly positive and emotional experience for fathers.

Of the nine fathers who wanted to attend the birth, but were excluded, five said that they did not mind and thought it was for the best, but four were very dissatisfied:

"I built myself up and was looking forward to it for so long that when they said they're gonna do a caesarian and I could not be present, there was a lot of things, the way the doctor was so casual about it. I know he comes across it everyday of the year. To me it's a once in a life time, maybe twice, he was just killing it full stop - that's why I got so angry. I did ask but they just said no".

"Particularly disappointed that I wasn't actually there, I felt I had been forced to go out I tried to sneak back but they made me wait in the waiting room".

"I would have liked to have been there, I feel I've missed out."

The fathers who were excluded also expressed having feelings of concern and anxiety whilst they were waiting for the news of the birth:

"You didn't know what was going on - they said it would be 20 minutes and I was 45 minutes in the waiting room. After 20 minutes I started worrying and coming out and nurses were telling me to go back into the waiting room. I was really starting to sweat by that time and would have preferred have to been in there for the caesrian."

The nine fathers who were waiting at the hospital all saw their baby immediately after the birth. The father who was at work did not see his baby until the evening visiting - seven hours after the birth. The father who was at home went to the hospital in the morning expecting to attend the birth - he found that it had happened eight hours before. Of these 11 fathers who did not attend, one was at work, one was at home, eight sat in the waiting room and one stood outside the delivery room door: -

"I cheated a bit, I should have gone round to the waiting room, but I waited just outside the door so I could hear what was going on"

(Father whose wife had a forceps delivery)

FATHERS' FEELINGS ON FIRST CONTACT WITH THEIR NEWBORN

All 40 fathers were asked to describe how they felt when they first saw their baby. Just over three-quarters (77.5%) mentioned positive feelings only and a further ten percent felt a mixture of positive feelings and relief. Of the rest, one father felt positive

but with disbelief, two fathers mentioned negative feelings only and two fathers felt slightly disappointed because they wanted a boy and got a girl. In fact 42.5 percent of the fathers said that they wanted a boy and only 12.5 percent said that they wanted a girl, the remaining 45 percent did not express a preference. Table 4.9 shows that six fathers who wanted a boy had a girl, but four of these did not express any feelings of disappointment.

Table 4.9 Fathers' preference for sex of child by actual sex

<u>Actual sex</u>	<u>Preference</u>			<u>Total</u>
	<u>None</u>	<u>Boy</u>	<u>Girl</u>	
Male n	6	11	0	17
(%)	(35.3)	(64.7)	(0)	(42.5)
Female n	12	6	5	23
(%)	(52.2)	(26.1)	(12.5)	(57.5)
Total	18	17	5	40
	(45)	(42.5)	(12.5)	(100)

When asked if they felt love when they first saw their baby, 80 percent said that they did and a further 7.5 percent mentioned other feelings such as affection and "a feeling that the baby's mine". Only five fathers said that they did not feel love at this stage.

TIME WITH WIFE AND BABY AFTER THE BIRTH

Fathers were asked how long they stayed at the hopsital after the birth. Forty-five percent of the fathers stayed for less than 30 minutes and only 18.5 percent stayed longer than 90 minutes, the remainder stayed between 30 and 90 minutes. A third (34.2%) said that they had none of this time alone with their wife and newborn child, and 28.9 percent had less than 15 minutes. A further 15.8 percent had less than 30 minutes, 10.6 percent had less than 90 minutes and only 10.6 percent had more than 90 minutes. So, while all of the fathers at the hospital spent some time with their wives and babies after the birth, the majority had little, if any, time alone.

Two fathers, whose wives had caesarian deliveries, saw their babies but not their wives immediately after the birth. One of these was reunited with his wife 20 minutes later, but the other did not see his wife for four hours. Another three fathers reported that their babies were taken away immediately after the birth. Two were taken to the recovery room and one to intensive care. The father whose baby was taken to intensive care was only allowed to stay with his wife for a few minutes and then allowed to see his baby for a few minutes. He did not see either of them again until visiting time three hours later. One father whose baby was taken to the recovery room went to see his baby as soon as the staff let him. He then sat with his newborn for 30 minutes whilst his wife was being "cleaned up", then he took the baby to see its mother but "she didn't like the fact that they didn't give her the baby straight away". The other father whose baby was in recovery, stayed with his wife for 45 minutes, then he asked the midwife if he could see his baby. He was taken to the recovery room and allowed to sit with his baby, alone, for 45 minutes.

During this immediate post-partum period 63.2 per cent of the fathers held their newborn and a further 26.3 percent touched it without holding. This left 10.5 percent having no physical contact until later. Of those who did not hold their babies, six did so at visiting time later in the day, two did so the following day, three two days later and one each for three days, five days and nine days. In the latter case the baby was home before the father held it.

Men's reasons for not holding their newborn after the birth varied. In the main no father said that he was prevented, but were uncertain as to whether they could. One father said it was unhygienic and the rest were dubious about picking up a baby so young.

VIEWS ON HUSBANDS ATTENDING LABOUR AND DELIVERY BEFORE AND DURING THE PREGNANCY

Fathers were asked about their own and their wife's views on husbands attending labour and delivery. They were also asked if their views had changed since the time before the pregnancy.

Before the pregnancy 60 percent of the fathers and 75 percent of their wives felt that husbands should attend labour and delivery, and a further five percent of the fathers felt that husbands should attend if their wives wanted them there. Fifteen percent of the fathers, but no wives, were against husbands attending and 20 percent of fathers and five percent of their wives did not have any views prior to the pregnancy. There was also a small group of men (17.5%) who did not know what their wives' views were at that time.

During the pregnancy the number who felt that husbands should attend the birth increased to 77.5 percent of the fathers and 92.5 percent of their wives, with a further 7.5 percent of the fathers saying that husbands should attend if their wives wanted them there. Only ten percent of the fathers and five percent of wives were against husbands being present, two fathers had no views and 1 father did not know what his wife's views were.

Just prior to the birth 95 percent of the fathers intended on being present, although 97.5 percent were generally in favour. Also, at this time, all but one wife was in favour.

When asked if they would be present if they could go through it again, 92.5 percent of all the fathers said that they would. One father who was excluded from a forceps delivery said that he would stay with his wife but not for the delivery, unless it were a normal birth. One father said he would stay during labour only:-

"I just know I can't stand the sight of blood"

The remaining father had not attended either labour or delivery - and still did not want to.

After the birth 90 percent of the fathers were in favour of husbands attending the birth and a further 7.5 percent said that husbands should attend if their wife wants them to, and one father said that he didn't know. All but one of their wives were in

favour of husbands attending.

WORRIES ABOUT ATTENDING THE LABOUR AND DELIVERY

Twenty percent of the fathers expressed worries about attending the birth and a further 30 percent had worries about attending both labour and delivery. Nine fathers thought that they might faint or feel sick; four were worried in case there were complications and three felt that they might be a nuisance. There were also two fathers who were worried about being excluded, two who didn't like the idea of seeing their wives in pain, one who thought he might be helpless and one who was worried because he didn't know what to expect.

DECISION TO ATTEND THE BIRTH

A rating was made of the fathers level of involvement in the decision concerning whether he would attend the birth or not. All but three were rated as highly involved and the remainder were moderately involved. Over half (57.5%) reported that the decision was made jointly and 35 percent said that they alone made the decision. The rest had discussed whether they should attend or not with their wives but left the final decision to them.

When asked about how much influence they felt they should have in this decision, fathers clearly indicated that this was an area in which they should be highly involved. Three-quarters said that they should be involved at least equally (20% all, 10% most, 45% equally) and a further 12.5 percent felt they should have some influence but less than their wives. The remainder (12.5%) felt that they should not have any influence.

As the majority of the fathers (92.5%) had seen a film showing childbirth either on television or at a preparation class, they were asked if this had effected their decision in any way. Over three-quarters (78.4%) said that it had not, but 16.2 percent said that it encouraged them to attend:-

"It made me want to go and see my wife giving birth and I knew what to do in the delivery room"

"I though - well its not so bad"

The remaining two fathers said that the film put them off attending:-

"It turned me off"

"Think they made me feel theres not much point in being there -confirmed not to attend"

Both fathers, however, were present on the day.

A father's decision to attend the birth may also be influenced by the views of relatives, friends, or professionals. Just over half of the fathers (57.5%) said that they had discussed attending the birth with someone else apart from their wife. All but one father mentioned friends and relatives, the exception had discussed it with the Health Visitor. Only four fathers said that they had been influenced by someone else. Two said that their friends had recommended it and two said that their brothers had recommended it - all on the basis of personal experience.

FATHER INVOLVEMENT IN EARLY PARENTHOOD

TAKING TIME OFF

Following the birth all mothers stayed in hospital for a week or so. During that period the majority of the 39 employed fathers (72%) were at work every day. The rest took some time off (See Table 4.10)

Table 4.10. Numbers of days fathers took off whilst their wives were in hospital

	<u>Number of days</u>					<u>Total</u>
	<u>None</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>5</u>	
n	28	5	2	1	3	39
(%)	(72)	(13)	(5)	(2.5)	(7.5)	(100)

Five of the fathers who had time off took annual leave, three reported sick and two took unpaid leave.

Fathers could visit their wives for one hour in the afternoon and for one and a half hours in the evening. Only the fathers who took time off made afternoon visits during the week, but all fathers went in the afternoon at weekends and all fathers went to the evening visits.

Most of the fathers (70%) were satisfied with the number of visits they made, but a quarter said they would have liked to have gone more often and two fathers said that they would have preferred to be there all day. When asked how satisfied they were with the visiting hours, 65 percent said they were happy, 15 percent said they should be longer and a further five percent said there should be open visiting for fathers. The remainder made other suggestions. These fathers were basically happy with the amount of time they could visit but some would have preferred the afternoon period to be moved to the morning, and others said there should be a 'fathers only' period.

Most of the fathers in work took some time off during their wife's first week at home (see Table 4.11).

Table 4.11. Number of days fathers took off during their wife's first week home

	<u>Number of days</u>				<u>Total</u>
	<u>None</u>	<u>1</u>	<u>2-3</u>	<u>5</u>	
n	7	4	7	21	39
(%)	(17.9)	(10.3)	(17.9)	(53.8)	(100)

Just over half of these fathers (51.2%) took annual leave, 12.9 percent were granted 'special' paid leave and the rest took unpaid leave. Ten fathers also had time off in the following week: four had the second week off, one took two more days and the rest took

\ one more day. Seven of these fathers continued to take annual leave, two were given 'special paid leave' and one took unpaid leave.

Although three fathers said their employers ran a paternity leave scheme for birth attendance, there were no such schemes for taking time off after the birth. The majority of the fathers took time off either by taking annual leave or by informal arrangement with their employer. Only three fathers reported any difficulties in getting time off after the birth.

MEN'S VIEWS ON PATERNITY LEAVE

Fathers were asked to give their views on statutory paid paternity leave to attend the birth and during the postpartum weeks.

Sixty percent said that men should be allowed to take off as much time as is needed to attend the birth. A further 22.5 percent said one day should be allowed, three said two days and one said three days. Only three fathers were not in favour of statutory scheme.

After the birth, 42.5 percent said fathers should be allowed to take up to one week; 32.5 percent said two weeks and 17.5 percent said three weeks or more. The three fathers who were not in favour of a scheme to attend birth were not in favour of a scheme for time off after the birth. But, overall 92.5 percent of the fathers were in favour of legislation on paternity leave. Some fathers spontaneously suggested that they should be allowed time off during the pregnancy as well so that they could attend ante natal clinics and classes with their wives.

DECISIONS

(I) Method of feeding; breast or bottle

Before the pregnancy more than half of the fathers (55%) and mothers (65%) favoured breast feeding. The rest of the fathers (45%) had no views. Of the remaining mothers only two preferred bottle feeding before their pregnancy, two had no views leaving 25

percent with husbands who did not know their views on feeding at that time.

During the pregnancy 77.5 percent of the fathers and 87.5 percent of the mothers were in favour of breast feeding. At that time only one father and three mothers preferred bottle feeding with the rest of the fathers having no views or not knowing what their wife's view were.

At the time of the interview 37.5 percent of the infants were being breast fed, the rest were being bottle fed. However, both mothers and fathers were more in favour of breast feeding. Eighty percent of fathers and 82.5 percent of the mothers were in favour of breast feeding, with only five percent of fathers and 12.5 percent of mothers preferring bottle feeding. The remaining 15 percent of the fathers had no views and two fathers did not know what their wife's views were.

On the basis of father's responses to a number of detailed systematic questions about how the method of feeding was decided upon fathers were rated for their level of involvement in that decision. Thirty percent of the fathers were highly involved, 42.5 percent were moderately involved and 27.5 percent were not involved. All of the fathers who were highly involved said that the decision had been made jointly with their wives.

When asked how much influence they thought the husband/father should have on this decision, half of the fathers said they should have no influence, and a quarter said they should have some influence. Of the rest 22.5 percent said the influence should be equally shared with their wives and one said that the father should be the only influence. Overall this is an area where fathers feel that their influence should be less than their wives.

(II) Vaccinations

Before the pregnancy two thirds of the fathers (67.5%) had no views on vaccinations. Of those that had views at that time, seven were in favour of all vaccinations and five were uncertain

about it and one was against the whooping cough vaccine. Forty-five percent of the fathers did not know what their wives views on vaccinations were prior to the pregnancy. A further 22.5 percent said that their wives had no views at that time, so views were recorded for only 13 mothers. Seven of these were in favour of all vaccinations, five were uncertain about the whooping cough vaccine and one was against all vaccinations.

During the pregnancy 32.5 percent of the fathers were in favour of all vaccinations. A further 32.5 percent were uncertain about and 5 percent more were against the whooping cough vaccine. The rest of the fathers (30 %) said that they had no views on vaccinations prior to the birth. Sixty five percent of the fathers said that their wives were in favour of vaccinations, but half of these were uncertain about the whooping cough and two mothers were against it. One mother was still against all vaccinations at this time. Fifteen percent of the fathers said that their wives had no views and the remainder (17.5%) did not know what their wife's views were.

At the time of interview all of the fathers said that they intended to have their child vaccinated when they were three months old. But 32.5 percent of the fathers and 40 percent of the mothers were uncertain about their child having whooping cough vaccine. There was also a small group of fathers (5%) and mothers (7.5%) who were against their child having the whooping cough vaccine, and one mother was still against her child being vaccinated.

Thirty nine fathers*⁵ were rated for their level of involvement in the decision concerning vaccinations. Almost two-thirds of the fathers (64.1%) were highly involved, 10.3 percent were moderately

⁵*One father was excluded as he and his wife had not yet decided, they were going to the clinic to get advice before deciding.

involved and 25.6 percent were not involved. Of the fathers who were highly involved, all but one said that the decision was a joint one. The father who decided alone was married to the mother who was against all vaccinations, but she left the decision to him.

Only two fathers felt that the decision should be left entirely to them and one father felt he should have more influence than his wife. But the majority of the fathers (72.5%) felt that the decision should be a joint one. Of the remainder, four fathers said that "you should go along with the clinic" and a further four said fathers should have no influence.

CONTACT WITH SERVICES

Fathers were asked about their level of involvement in taking their child to the local Child Health Clinic or to the GP. The actual number of times fathers went to the clinic are shown in Table 4.12

Table 4.12 Actual number of times fathers went to Child Health Clinic with their child

	<u>No. of times</u>			
	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 times</u>
n	22	10	5	3
(%)	(55)	(25)	(12.5)	(7.5)

Of the fathers that had been, all were accompanied by their wives at every visit.

The 22 fathers who had not taken their child to the clinic were asked if they would have liked to have gone. Only seven said that they would have liked to have gone but were prevented from going because of their work hours. The rest were either not bothered or indifferent or could see no point in going.

Just over half (52.5%) of the babies had been taken to the GP by the time of the interview. Seven fathers had accompanied their

wife and child on that occasion. A further 5 fathers said that they wanted to go but couldn't take time off work, but the rest were not bothered, indifferent or just did not want to go.

A rating of father's involvement in postnatal services was made on the basis of the actual number of times the father took his child to a service. The ratings are showing in Table 4.13

Table 4.13 Father involvement in postnatal services

	<u>Level of involvement</u>			<u>Total</u>
	<u>High</u>	<u>Medium</u>	<u>Low</u>	
n	3	19	18	40
(%)	(7.5)	(47.5)	(45)	(100)

The table shows that nearly half of the fathers had no contact with services.

TIME SPENT WITH THEIR CHILD EACH DAY

An assessment was made of how much time father's had spent with their children when they were awake in the last working day. This ranged between 1 and 10 hours, with two thirds (67.5%) reporting between 3 and 5 hours, usually in the evening (\bar{x} = 3.9 hours, σ = 1.9) Yesterday was a typical day for 82.5 percent, 4 said they usually had less time and 3 said that they usually had longer.

The amount of time fathers spent with their child on Saturdays ranged between 1 and 13 hours (\bar{x} = 7.3 hours, σ = 3.24 hours) and on Sundays between no time at all and 12 hours (\bar{x} = 7.79 hours, σ = 3.04 hours) Last weekend was reported to be typical of the last ~~hour~~ by 82.5 percent of the fathers, ~~three~~ said they usually had less time, ~~two~~ said they usually had more time (this included the father who did not see his child last Sunday) and ~~two~~ said there was no fixed pattern at the weekend.

The amount of time a father spends with his child each day will to some extent be determined by the hours he works. However, for the fathers in this study there was no significant relationship between total hours worked and hours spent per week day with their child (Pearsons $r = +0.04$, n.s.).

CHILD CARE

Fathers were asked to indicate what their share had been of a number of child care tasks in the previous week in the time that they are at home: the tasks are listed in Table 4.14.

Fathers' involvement in these tasks are summarized in Table 4.14

Table 4.14. Fathers involvement in ten child care tasks and play

How much of each task the father has done in the last week when he is at home						
Task	None(0) %	some (1) %	half(2) %	most(3) %	all(4) %	N eligible
Play	0	22.5	57.5	20.0	0	40
Walking crying baby around	0	46.6	37.8	13.5	0	37
Changing wet nappies	30	60.0	7.5	2.5	0	40
Changing dirty nappies	35	55	5.0	5.0	0	40
Bathing	67.5	20	7.5	2.5	2.5	40
Dressing	25	60	12.5	2.5	0	40
Preparing baby's meals	33.3	25.9	33.3	3.7	3.7	27
Feeding in day (6am-midnight)	7.4	55.6	33.3	0	3.7	27
Feeding in night (midnight-6am)	46.7	33.3	20.0	0	0	15
Giving fruit juice	17.9	53.6	25	0	3.6	28
Seeing to baby at night (exc feeds)	38.5	26.9	30.0	0	3.8	26

Fathers were asked whether the amount of child care they had done in the last week was typical of last month and all 40 fathers said that it was.

Table 4.14 shows that father involvement in childcare varies according to the task. All fathers were involved in play and walking their baby around when it was crying but two thirds of the fathers were not involved in bathing the baby. To see if there was a hierarchy of involvement for the child care tasks the mean number of points awarded for each father was calculated. The higher the mean the more fathers were involved in a particular task. Table 4.15 shows the mean father involvement rating for each task in descending order.

Table 4.15 Mean father involvement rating* for each task in descending order

	\bar{x}
1 Play	2.08
2. Walking crying baby around	1.65
3. Feeding in day	1.37
4. Preparing babies meals	1.19
5. Giving fruit juice	1.18
6. Seeing to baby at night (exc. feeds)	1.04
7. Dressing	.93
8. Changing wet nappies	.83
9. Changing dirty nappies	.80
10. Feeding in the night	.73
11. Bathing	.53

Tables 4.14 and 4.15 indicate that fathers play with their baby, walk it around when it is crying, and give and prepare bottles more often than they change nappies, feed during the night and bath the baby. In all but one of the tasks there was a group of fathers who were not involved at all. These fathers were asked to give their reasons, their responses are summarized in Table 4.16

* Based on a rating scale of 0(None) to 4(All)

Table 4.16 Father's reasons for not being involved in child care tasks

Task	<u>Reason</u>					N
	Wife does better	Wife just does	Women's job	Distaste	Nervous Other	
Changing wet nappies	4	4	1	3		12
Changing dirty nappies	4	5	1	3		14
Bathing		17	2		7	27
Dressing	4	4	2			10
Preparing bottles	4	3	2			9
Feeding during day (6am-mid)	1					2
Feeding during night (mid-6am)			7			7
Fruit juice	1	3	1			5
Seeing to baby at night			10			10

Fathers were rated for their overall level of involvement in child care (see Table 4.17)

Table 4.17 Father involvement in childcare (Ratings)

	<u>Level of Involvement</u>			Total
	High	Medium	Low	
n	2	17	21	40
(%)	(5)	(42.5)	(52.5)	(100)

Table 4.17 shows that only two fathers were sharing the child care equally with their wives in the time that they were home. The rest were roughly equally divided between Medium and Low involvement.

Fathers were asked to indicate in what way they were involved in

child care tasks. Four options were shown on a sheet:-

- 1. Will never help.
- 2. Will help only rarely/in emergencies.
- 3. Will help but usually only when asked.
- 4. Will help as a matter of course, without being asked.

More than half of the fathers (57.5%) indicated that they were involved in child care tasks as a matter of course; the rest said that they helped when their wives asked them. Table 4.18 shows that fathers who were involved as a matter of course were more highly involved in child care than those who needed to be asked.

Table 4.18
Relationship between help given and level of involvement in child care tasks

<u>When involved</u> <u>help given</u>		<u>Level of involvement in child care</u>		
		High	Medium	Low
As a matter of course	n	2	14	7
	(%)	(8.7)	(60.9)	(30.4)
When asked	n	0	3	14
	(%)	(0)	(17.6)	(82.4)

Tau C = +0.52, p<.001

When asked if the amount of child care they did was "about right, not enough or too much" 55 percent said that they did not do enough. Fathers' views on the amount they did was found to correlate with their actual level of involvement. As Table 4.19 shows, two thirds of the fathers who said that they did not do enough received a low rating.

Table 4.19.Relationship between views on amount of childcare done with level of involvement

Views on amount		Level of involvement		
		High	Medium	Low
About right				
	n	2	11	9
	(%)	(9.1)	(50)	(40.9)
Not enough				
	n	0	6	12
	(%)	(0)	(33.3)	(66.7)
Tau C =+0.29 p< .05				

TAKING SOLE RESPONSIBILITY

Most fathers (80%) had spent some time taking sole responsibility for their baby. This usually happened when their wives went out shopping or for the evening with a friend and father was left to look after the baby. Table 4.20 shows how old the babies were when they were first left with the father.

Table 4.20.Age of infant when first left with father

	Age of infant					Total
	2wks	3-4wks	5-6wks	7-10wks	Never	
n	5	13	10	4	8	40
(%)	(12.5)	(32.5)	(25)	(10)	(20)	(100)

All fathers were only left for a few hours on this first occasion (see Table 4.21)

Table 4.21.Number of hours infant left with father on 1st occasion

	No. of hours					Total
	1	2	3	4	5	
n	10	10	6	4	2	32
(%)	(31.3)	(31.3)	(18.8)	(12.5)	(6.3)	(100)

The actual number of times fathers had been left with their baby

is shown in Table 4.22.

Table 4.22 Actual number of times father had been left alone with infant

	<u>Number of times</u>						<u>Total</u>
	<u>Never</u>	<u>1</u>	<u>2</u>	<u>3-4</u>	<u>5-7</u>	<u>8+</u>	
n	8	5	7	10	7	3	40
(%)	(20)	(12.5)	(17.5)	(25)	(17.5)	(7.5)	(100)

On subsequent occasions fathers were only left for a few hours. The longest period fathers were left with their infant are shown in Table 4.23.

Table 4.23 Longest period father left with infant

	<u>No. of hours</u>						<u>Total</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	
n	9	6	6	6	3	2	32
(%)	(28.1)	(18.8)	(18.8)	(18.8)	(9.4)	(6.3)	(100)

Only two fathers reported having a minor problem when left alone with their infant. In both cases the babies were breast fed and they woke up requiring a feed. Both fathers comforted their baby until their wives came home.

TAKING BABY OUT

Only four fathers had taken their baby out in the pram or car on their own since the birth. Of the rest only two fathers had any objections to taking their baby out alone, the rest said that the option never arises as when they are home they go out as a family.

Fathers were asked if they had any objections to carrying their baby or pushing the pram when they are out with their wives. Only four fathers objected to carrying and three said that they would not push the pram, for example:-

"I feel better carrying him but not pushing the pram - I don't know why".

"I've got a funny thing about pushing the pram, I'd push the buggy but not the pram - it feels emasculine. Its just a funny thing I've got, very hard to define - I don't object to carrying her".

"I don't carry, I'm dubious about dropping him".

The rest of the fathers were keen carriers and pram pushers:-

"I like pushing the pram"

"We take turns, I roll her up and she rolls her back, I feel great - thats my girl".

"I always push the pram - my wife never does when I'm with her".

SOCIAL INVOLVEMENT

(I) Holding, comforting and showing affection

All but two fathers spent some time each day just holding their baby - the other two said that they did this most days. All of the fathers said that they enjoyed holding and cuddling their babies, but three fathers were uncertain if their baby enjoyed it. When the baby was crying or was distressed 57.5 percent of the fathers said that he and his wife took turns attending to the baby, a further ten percent said that they usually went, and the rest said that their wife usually attended. On these occasions 62.5 percent of the fathers said that their infant did not respond differently to them or their wives. One father said that the baby was more comforted by him, while the rest said that the baby was comforted more by it's mother.

Fathers were asked how easy or difficult they found showing affec-

tion generally and towards their baby. Two thirds of the fathers (67.5 %) said that they found it easy to show affection generally. A further 12.5 percent found some difficulty and the rest (20%) found it difficult. But, nearly all (95%) said that they found it easy to show affection towards their baby with only two fathers experiencing a little difficulty.

Fathers were given an overall rating for their level of involvement in holding, comforting and showing affection (see Table 4.24).

Table 4.24 Ratings for father involvement in holding, comforting and showing affection

	<u>Level of involvement</u>		
	High	Medium	Low
n	25	15	0
(%)	(62.5)	(37.5)	(0)

As Table 4.24 shows no father demonstrated low involvement in this component.

(II) Play

Previous studies on father involvement in play have all investigated fathers of children older than those in the present study. So, fathers were first asked if they thought that you could play with a child of eight to 12 weeks of age. The majority (90%) said that you can, the remainder felt that they were stimulating rather than playing with their child. All fathers spent some time each day playing with their infant.

All fathers said that they engaged in social types of play, such as talking, singing, peek-a-boo, and hide and seek. Most (85%) said that they engaged in physical play such as rocking, jogging, dancing and bouncing up and down, and 82.5 percent said that they used toys, pictures or interesting objects in play.

On average fathers spent just over one hour each day playing with

their baby. The share of play activity they took during the previous week in the time that they were home is shown in Table 4.14, which shows that more than three quarters of the fathers were either sharing play equally with, or were doing more than their wives. When compared with child care tasks (Table 4.15) we can see that play is the activity that fathers are most involved.

Fathers were given a rating for their level of involvement in play (see Table 4.25).

Table 4.25 Ratings for father involvement in play

	Level of involvement		
	High	Medium	Low
n	24	16	0
(%)	(60)	(40)	(0)

As Table 4.25 shows, similar to holding and comforting, no fathers demonstrated low involvement in this component.

FATHERS' POSTPARTUM AFFECTIVE INVOLVEMENT

Two ratings of fathers' affective involvement in the postpartum period were made. These were based on the feelings that fathers expressed either spontaneously or in response to direct questions about:-

- (i) their child
- (ii) being a father.

(i) Affective involvement with their child

The ratings for father's affective involvement with their child are shown in Table 4.26.

Table 4.26 Ratings for fathers affective involvement with their child

	<u>Level of involvement</u>				<u>Total</u>
	High	Med-High	Med-Low	Low	
n	26	13	1	0	40
(%)	(65)	(32.5)	(2.5)	(0)	(100)

The fathers with a high rating expressed positive feelings in a marked form and no negative feelings when they responded to questions about their feelings when they first saw their baby, how they feel now and how they perceive their baby. Some examples of how these fathers felt when they first saw their baby are:-

"Choked with happiness, delighted, amazed when they told me it was a girl".

"I felt as if I was the only one who had had a daughter, I was chuffed".

"Well I was over the moon - Its hard to describe".

"Very thrilled to see the little baby - how small she was - so compact and in the first few days, she got bigger - its very fulfilling".

Some of these fathers commented on their infants disposition:-

"Quieter, she only cries when she is in pain or wants feeding or winding or whatever - she doesn't cry unnecessarily. Quite a nice little sunny child really, smiles all the time, pleasant disposition God willing it won't change".

"Very alert young lady, quite contented happy little individual, I find it fascinating to watch and I've been keeping a record. I find the whole thing engrossing - it takes up a lot of my time and I don't mind".

Others expressed their pride:

"He seems advanced, its probably father's pride, but he seems advanced for his age than according to what ever your led to believe. Seems to be progressing as he should - even more so".

"Terrific, my little soldier, magic, I mean just look at him, he's great, he couldn't be better".

These fathers also talked about the strength of their feelings towards their child:-

"Well she's mine, part of me - I love her, I wouldn't part with her for anything in the world".

"Very, very strong, stronger love wise. She amazes me every-day in what she does".

"I got a tremendous amount of love for her, very, very protective. I've insisted my mother-in-law stops smoking and my next door neighbour - in here. I'm really grateful to her for bringing a lot of joy to my life and a lot of fulfilment".

Three fathers (7.5%) expressed positive feeling in a moderate form with no negative feelings:-

"Love - I suppose? I think he's alright - he could be a lot worse".

Two were slightly disappointed with the sex of their child:-

"I was only disappointed it was a girl, then I held her and what I thought then of being disappointed went straight out of the window".

Some mentioned that their child was intruding on their established routine.

"Very slight feeling sometimes of her intruding in our established way of life - for example if she upsets a meal time she upsets the balance".

and others mentioned their child's crying or temper:-

"She's got a bad temper - in that she takes after me - she's very hard to please - I find it difficult if she cries to calm her down".

Of the ten fathers who expressed negative feeling in a moderate form, six expressed positive feelings in a marked form and four expressed moderate positive feelings. One father expressed negative feeling in a marked form but also expressed moderate positive feeling. This father expressed marked negative feelings when he first saw his baby:-

"It (the baby) frightened me - really - her eyes - they looked funny - I didn't like that. I thought she was funny - might have been mental or something"

When asked if he felt love he said 'no - you can't can you'.

Just over half of the fathers (55%) said that their feelings towards their child had changed since the birth. In every case fathers said that their feelings had become more positive.

Overall, 80 percent of the fathers expressed positive feeling in a marked form towards their child, and the remainder did so in a moderate form. Twenty five percent expressed negative feelings in a moderate form and only one father expressed marked negative feelings.

When both positive and negative feelings were taken into consideration to make the rating, Table 4.26 shows that all but one

father had a moderate-high to high level of affective involvement with their child.

(ii) Being a father

Fathers were asked about how they felt about being a father. On the basis of their responses fathers were rated for their level of involvement in the father role. (See Table 4.27).

Table 4.27 Ratings for fathers affective involvement in the father role

	<u>Level of involvement</u>				<u>Total</u>
	<u>High</u>	<u>Med-High</u>	<u>Med-Low</u>	<u>Low</u>	
n	25	15	0	0	40
%	(62.5)	(37.5)	(0)	(0)	(100)

The fathers with a high rating expressed positive feeling in a marked form and no negative feelings. These fathers also enjoyed being a father "very much" and saw themselves as a father:-

"Great - it gets more exciting everyday - there's a responsibility but I don't mind that".

"I think its terrific, I didn't feel I would have as close a relationship with her as its turned out I've had".

"Great, yeah, great -can't think of the word, just that part of my life's been fulfilled".

"I like it - it gets me home from work early - it's nice".

A further 30 percent expressed positive feeling in a moderate form and no negative feelings:-

"I like it but I don't think it's sunk in - I don't see her that much".

"Alright - it's living up to it's expectations".

Only three fathers expressed negative feelings but all did so in a moderate form:-

"There's not a lot I can do for him at moment, I mean he just sleeps and eats. It still hasn't sunk in but I'm getting used to it".

Of these three fathers two expressed positive feelings in a moderate form and the other in a marked form.

Overall 65 percent expressed positive feelings about being a father in a marked form and the remainder did so in a moderate form. Only three fathers expressed any negative feelings - all in a moderate form. Ninety percent indicated that they enjoyed being a father very much, 7.5 percent quite enjoyed it and one father said his feelings varied. Eighty percent said that they saw themselves as a father and the rest said that this would come later - when the child was a bit older and they could do more things with it. But, as Table 4.27 shows all fathers had moderate-high to high levels of affective involvement in being a father.

At the end of the interview fathers were asked to indicate how they were coping. The majority of the fathers (72.5%) said that they were coping quite easily and 22.5 percent said very easily. Only five percent said that it varied, but no father reported having any particular difficulties.

FURTHER ASPECTS OF THE FATHER CHILD RELATIONSHIP

Fathers were asked questions about some further aspects of their relationship with their infant particularly concerning their perception of their infant as easy or difficult, naughty or as an intrusion, and about feelings such as being irritable with their infant, got down, unable to cope and left out of things.

A quarter of the fathers (25%) said that their infant was difficult at least once a week. All of these fathers said that there

was a 'difficult period' after feeding usually in the evening, when the baby cried continuously and needed plenty of attention. Only three of these fathers said that they felt irritable on these occasions, but four more fathers also said that they felt irritable at times. Two causes for feeling irritable were mentioned, the baby crying and being woken up in the night.

Asked if their infant was naughty, three said 'yes' and referred to the child being 'crafty' or 'cunning'. The rest, however, denied their child was naughty on the grounds that he or she was too young for the concept to be applicable. Only one father said that he gave his child a tap:

"I give her a little tap and say that's enough"

The rest felt that their child was too young to understand.

Five fathers said that they had felt 'got down' since the birth, and a further three said that they found it 'difficult to cope' at times. All of these fathers said that their babies crying made them feel this way. However, none of the fathers had feared losing control at anytime since the birth.

Seven fathers said that they had felt left out since the birth, but only two were still feeling this way. Three fathers felt left out because they had to work long hours and only had a short period with their baby each evening. One father felt left out because he could not take part in feeding as the child was being breast fed and three said that their wives were concentrating more on the baby and less on them. But only two said that the baby was coming between them and their wives. One said that they were so tired at the end of the day that they just fell asleep, the other said that the baby had woken up every time they attempted to have sexual intercourse.

Eight fathers felt that the baby had intruded on some other aspect of their life, but only one of these still felt like this at the time of the interview. Seven of these fathers mentioned that the

baby had intruded on their social life and the other said that the baby had upset his routine.

Three fathers had felt, once or twice, that they would like to get back to the way things were before the baby came along. But none of them wanted to go back. Fathers were also asked if they felt jealous of their baby. Only one father said yes, but in a positive way:-

"I felt jealous that she's that age and got no problems. It's a lovely age to be".

WHO IS BETTER, FATHER OR MOTHER?

Fathers were asked to indicate who was better at a number of tasks:

1. Child care.
2. Play.
3. Talking to child.
4. Understanding child.
5. Showing affection to child.

The results are shown in Table 4.28.

Table 4.28. Who is better at five tasks

		Wife better			Father better	Neither better
		Innate	Practice	Other quality		
Child care	n	7	26	2		5
	(%)	(17.5)	(65)	(5)		(12.5)
Play	n		2	1	2	35
	(%)		(5)	(2.5)	(5)	(87.5)
Talking to	n		4	3	1	32
	(%)		(10)	(7.5)	(2.5)	(80)
Understanding child	n		12	5	1	22
	(%)		(30)	(12.5)	(2.5)	(55)
Showing affection	n	2		3	1	34
	(%)	(5)		(7.5)	(2.5)	(85)

Table 4.28 shows that all but five fathers felt that their wives were better at child care tasks than they were and no father considered himself better than his wife at this. The main reason for wives being better was the amount of practice they had, with only a small group of fathers (17.5%) putting it down to a maternal instinct. For play, talking and showing affection most fathers felt that neither partner were better, however one or two fathers felt that they were better than their wives at these tasks.

For understanding the child just over half of the fathers said that neither were better at this and only one father felt that he was better. However none of the fathers mentioned a maternal instinct as the reason for why their wives were better. All gave practice or another quality as the reason. The existence of a maternal instinct was only mentioned again by two fathers in rela-

tion to showing affection to their children.

Finally fathers were asked to indicate how well they were coping on a five point scale running from "extremely easily" to "with extreme difficulty". Only two fathers indicated that they were experiencing a "bit of difficulty", the majority (72.5%) said they were coping "fairly easily" and the rest (22.5%) indicated that they were coping "extremely easily".

SUMMARY

This chapter contains a detailed factual account of 40 first time fathers' involvement during pregnancy, birth and the first three months of parenthood. For most of the components of pregnancy, birth and early parenthood investigated, fathers were given a rating for their level of involvement. These are summarised in Table 4.29 at the end of this chapter.

DECISION MAKING

- (i) Nearly all fathers were highly involved in the decisions concerning 1) having a child; 2) the time to start a family, and 3) whether to attend the birth or not. But much greater variation in fathers level of involvement was found for decisions concerning the method of feeding to be adopted and vaccinations.
- (ii) In addition to the ratings for individual decisions an overall summary rating was made for father involvement in decision making. This rating was made for 37 fathers^{6*}. It was found that 43.2 percent of the fathers had an overall high rating - these fathers tended to be involved in joint decision making. A further 54.1 percent had an overall medium rating - these fathers, although involved in

^{6*}Where at least 4 decisions had been made.

discussions, tended to leave the final decision to their wife. Only one father was given an overall low rating - he left all decisions to his wife.

ANTENATAL CARE

- (i) Seventy percent of the fathers went to at least one appointment at the antenatal clinic with his wife. But only 15 percent went regularly (five or more times) and 30 percent never went at all.
- (ii) All fathers who went to the antenatal clinic had to wait outside throughout the whole appointment, however, a few fathers were permitted to see the scan.
- (iii) The ratings for father involvement in antenatal services shows that there is a wide degree of variation, but that the general level of involvement tends to be low. The main reason for non attendance being work commitments.

POSTNATAL SERVICES: CHILD HEALTH CLINIC AND G.P.

Only three fathers were found to be highly involved in postnatal services and 45 percent had no involvement at all. Similar to involvement in antenatal services there was a wide degree of variation, but the general level tends to be low. Also fathers who did not attend postnatal checkups did not express any desire to go.

PREVIOUS EXPERIENCE

Overall, fathers previous involvement with infants, particularly at the practical level was minimal.

PREPARATIONS

- (i) Nearly three quarters of the fathers (72.5%) attended at least one preparation class. This percentage is higher than that found by both Moss et al(1981) (54%) and Lewis(1980) (27%). But, similar to Moss et al(1981), only 13 percent of the fathers attended five or more classes leaving 27.5 percent who did not attend anything.

- (ii) The most prevalent form of preparation for fathers was a single evening class showing a film.
- (iii) The majority of fathers who attended classes said that they found them useful but some fathers made criticisms.
- (iv) Fifteen percent of the fathers had read at least one baby book cover to cover and a further 40 percent had read parts of a book or books.
- (v) The overall rating for father involvement in preparations shows that three quarters of the fathers were making some efforts to prepare themselves. But in comparison to their wives men's preparations were minimal. Again a wide variation in levels of father involvement was found.
- (vi) Over three-quarters of the fathers (77.5%) said that they felt adequately prepared for parenthood and those fathers who felt adequately prepared were more likely to be highly involved in preparations.

LABOUR AND DELIVERY

- (i) All but one father had intended being with his wife throughout labour. Of those that did all but one husband stayed for part of the time and 83.8 percent were there for more than half of it. The main reasons for husband's absence during labour was exclusion by medical staff for "preparations" (bath, shave, etc.) and examinations. Of the husbands who were present during labour 81 percent mentioned being supportive and 78 percent said that they gave practical help.
- (iii) Seventy-three percent of the fathers attended the birth, this figure is within the range of other studies (reviewed by Woollett et al, (1982). However, other studies have not reported why some fathers do not attend the birth. Of the 11 fathers in this study who did not attend, nine were excluded by the medical staff and only two chose not to be there.

- (iv) All but one father mentioned that they helped in some way during the delivery.
- (v) Other studies have found that most fathers who attend the birth report their experience in positive terms, but Moss et al.(1981) also found that fathers mentioned negative feelings as well. In this study all fathers who were present at the birth said that it was a positive experience but nearly half also mentioned having some negative feelings.
- (vi) Contrary to popular folklore only one father felt faint and sick just prior to the delivery, but none fainted or were sick, left the room or found it difficult to stay. Similar findings were reported by Moss et al (1981).
- (vii) Similar to Greenberg and Morris (1974) and Moss et al (1982) it was found that most fathers report positive feelings towards their child when first seen and 80 percent felt love for their baby at this initial stage.
- (viii) During the hospital stay fathers took no part in the care of their babies, but all fathers visited at least daily and most seemed content with this situation.

TIME OFF

There is no statutory provision for men to take time off during the perinatal period. But some fathers took time off during the pregnancy and all but one of the fathers whose babies were born during work hours took time off. Also most of the fathers took some time off when their wives came out of hospital. The arrangements made by the fathers to get time off varied.

CHILD CARE

- (i) Information was collected on the division of child care tasks. Only two fathers were sharing child care equally with their wives when they were at home. The rest of the fathers were roughly divided into two groups - one giving moderate help (42.5%) and one giving little help (52.5%).

Therefore there is a wide degree of levels of involvement, but it is strongly weighted in low involvement direction. These ratings are similar to those found by Kotlechuck (1972) and Oakley (1980).

- (ii) Fathers were found to be most highly involved in walking their baby around when crying and in feeding during the day and least involved in night feeding and bathing.
- (iii) Fathers who were given a low rating for involvement in child care were more likely to help when asked rather than as a matter of course. Low involved fathers also recognised that they gave little help.
- (iv) The majority of the fathers (87.5%) said that their wife was better than them at child care tasks - mainly because they had more practice. The remainder said that neither were better.
- (v) Most fathers (80%) had spent sometime taking sole responsibility for their child. This was usually while their wife went out shopping or to see a friend. Fathers were only left for a few hours, the longest period being six hours. But only four fathers had taken their child out alone since the birth.

HOLDING, COMFORTING AND SHOWING AFFECTION

- (i) All but two fathers said that they spent some time each day holding their baby and every father said that he enjoyed holding and cuddling.
- (ii) When the baby was crying or distressed, just over half of the fathers (57.5%) said that he and his wife took turns to attend to the baby, and a further ten percent said that they usually attended. Sixty-three percent said that their baby was comforted by either parent, only one father said the baby was more comforted by him, the rest said that their baby preferred it's mother.

- (iii) All but two fathers found it easy to show affection towards their baby and 85 percent said that neither parent was better at showing affection.
- (iv) Overall, 65 percent of the fathers were highly involved in holding behaviours and the rest were moderately involved.

PLAY

On average fathers spent just over one hour each day playing with their baby. Similar to all other studies play was the component in which fathers were most highly involved, with 77.5 percent doing about half or more in relation to their wives in the time that they were home. The majority of fathers (87.5%) also said that neither parent was better at playing with the baby.

Overall 60 percent of the fathers were rated as highly involved and the remainder were moderately involved.

AFFECTIVE INVOLVEMENT

Overall levels of fathers' affective involvement was high. The majority of fathers were rated as having a moderate-high to high level of affective involvement in the pregnancy (87.5%), with the foetus (80%) becoming a father (97.5%), with their child (97.5%) and being a father (100%). Also 90 percent said that they enjoyed being a father very much and 80 percent see themselves as a father.

At the end of the interview 72.5 percent of the fathers said that they were coping with parenthood 'quite easily' and a further 22.5 percent said that they were coping 'very easily'. Only five percent said that the way in which they coped varied, but no fathers reported having any particular difficulties.

Table 4.29 Summary of results (ratings)

Component of involvement	Level of involvement				Total N
	High	Med-high	Med-low	low	
	%	%	%	%	
Decision child	92	2.7		5.4	37
Decision time	74	20		6	35
Decision birth	92.5	7.5		0	40
Decision feed	30	42.5		27.5	40
Decision vaccinations	64.1	10.3		25.6	39
Decisions overall	43.2	54.1		2.7	37
Antenatal clinic	15	10	45	30	40
Postnatal clinic	7.5	47.5		45	40
Preparations	15	47.5	12.5	25	40
Child care	5	42.5		52.5	40
Play	60	40		0	40
Hold and comforting	62.5	37.5		0	40
<u>Affective involvement</u>					
Pregnancy	37.5	50	10	2.5	40
Foetus	20	60	20	0	40
Becoming a father	37.5	60	2.5	0	40
Child	65	32.5	2.5	0	40
Being a father	62.5	37.5	0	0	40

CHAPTER 5

RESULTS: PART TWO

- (I) THE INTERRELATIONSHIP BETWEEN THE
COMPONENTS OF INVOLVEMENT.

- (II) FACTORS WHICH MAY ACCOUNT FOR THE
VARIATION IN FATHER INVOLVEMENT

CHAPTER 5

RESULTS: PART TWO

In this chapter the relationship between the components of involvement described in Chapter Four are examined. Following this a number of hypotheses - which may account for the variation found - are tested by the data.

(I) THE INTERRELATIONSHIP BETWEEN THE COMPONENTS OF INVOLVEMENT

The ratings for the objective components (events and activities) described in Chapter Four show that there was a wide degree of variation in fathers level of involvement. This wide degree of variation has been reported in other studies concerned with father involvement in physical caretaking (see Chapter One). But this study demonstrates that variation exists to varying degrees for other components of objective involvement. The ratings for the subjective components (expressed feelings and emotions) showed less variation as the majority of fathers were found to express either medium-high or high levels of affective involvement.

The question which these findings raise is "does involvement in one component imply or predict involvement in another?" The review of the literature showed that there is a dearth of studies concerned with father involvement during pregnancy and studies examining the inter-relationship between the various components of involvement throughout the perinatal period. There is, therefore, no basis on which to formulate hypotheses to test by the data in this study. So, to answer the question the inter-relationship amongst the various components of involvement in pregnancy, birth and early parenthood was investigated. In order to assess the inter-relationship between the components, Kendall's Tau c was computed between the ratings for components. Statistical significance was set at the five percent level or less for a two-tailed test. When computing large numbers of inter-correlations a certain proportion are expected to occur by chance. At the five percent level we would expect one in twenty of our statistically significant results to occur by chance.

Decision making

The inter-relationship between the five areas of decision making are shown Table 5.1

Table 5.1

Matrix of inter-correlations for the five areas of decision making

Decision	Child	Time to start	Birth attendance	Feeding	Vacs
Child	-	.23*	-.03	.004	-.03
Time to start		-	.02	-.076	-.14
Birth attendance			-	.088	-.03
Feeding					.21
Vaccinations					-

*p=<.05

In Table 5.1 only one significant relationship is shown, that is between the fathers involvement in the decision to have a child and the time to start. This is not surprising as these decisions are often made at the same time and, therefore, in the same way. The remaining low and non-significant inter-correlations suggest that fathers' level of involvement in one decision does not predict his level of involvement in other decisions. Fathers not only vary in the level of involvement in each decision area but also vary from decision to decision.

The inter-correlations between the five areas of decision making and the components of involvement are shown in Table 5.2.

In Table 5.2 two significant inter-correlations are shown. These are between involvement in (1) the decision concerning feeding method and affective involvement with the foetus ($p < .02$) and (2) the decision to attend the birth and affective involvement in becoming a father ($p < .05$). The remaining inter-correlations are low and non-significant.

This suggests that a fathers' level of involvement in the decisions concerning whether or not to have a child and when to have one are not related to his level of involvement in the events which are a consequence of these decisions. A fathers' level of involvement in the decision to attend his child's birth is only significantly related to his level of affective involvement in becoming a father. The relationship is not a surprising one as men who express high levels of affective involvement in becoming a father may also want to witness the birth given the opportunity. However, it is surprising that similar relationships were not found with the other affective components.

The significant correlation between involvement in the decision concerning feeding method and feelings towards the foetus is difficult to explain. Intuitively one would expect fathers' level of involvement in this decision to be related to his involvement in preparations and antenatal services. The data shows no evidence for this view. It may be that fathers who expressed marked positive feelings and emotions about the foetus also feel concern about the care their child will receive when it is born. If this were the case then a higher correlation between affective involvement with the foetus and the decision concerning vaccinations would also be expected.

Relationships between the components of involvement during pregnancy

The inter-correlations between the components of involvement during pregnancy are shown in Table 5.3.

Table 5.3

Matrix of inter-correlations for the components of involvement during the pregnancy

	1.	2.	3.	4.	5.
1. Antenatal Services	-	.21	.08	.11	-.08
2. Preparations		-	.18	.28*	.23
3. Feelings pregnancy			-	.29**	.20
4. Feelings foetus				-	.21
5. Feelings becoming a father					-

* $p = <.05$

** $p = <.025$

Table 5.3 shows that there are two significant inter-correlations between the components of involvement during pregnancy. The strongest relationship was between affective involvement during the pregnancy and affective involvement with the foetus. ($p < .025$). This suggests that fathers' expressed feelings about the pregnancy are similar to those expressed about his unborn child and in some respects may be measuring aspects of the same thing. Affective involvement with the foetus also correlated significantly with involvement in preparations ($p < .05$). So, fathers who express high levels of affective involvement about their unborn child are more likely to prepare themselves for the birth and parenthood. In view of this finding one would expect a similar correlation between affective involvement with the foetus and antenatal services. This relationship was low and non-significant. Fathers' levels of affective involvement in becoming a father just failed to reach significance with affective involvement with the foetus (Tau $c = .21$ $p < .09$) and during the pregnancy (Tau $c = .20$ $p < .07$). Also the inter-correlations for preparations with antenatal services (Tau $c = .21$, $p < .09$) and feelings about becoming a father (Tau $c = .23$, $p < .07$) just failed to reach significance.

Relationships between the components of involvement during early parenthood

The inter-correlations between the components of involvement during early parenthood are shown in Table 5.4.

Table 5.4
Matrix of inter-correlations for the components of involvement during early parenthood

	1	2	3	4	5	6
1. Post-natal services		-.12	-.16	-.17	-.004	-.25
2. Child care		-	.24	.05	.08	.14
3. Play			-	.3*	.2	.00
4. Holding				-	.29	.24
5. Feelings child					-	.19
6. Feelings being a father						-

*p <.05

Table 5.4 shows one significant inter-correlation between the components of involvement during early parenthood. This was between Play and Holding (p<.05). A further inter-correlation, between Holding and affective involvement with their child, just failed to reach significance (Tau C = .29, p <.06). Play and holding were the two activities that fathers did most often. During the time fathers spent with their child they devoted, on average, one hour each on these. There was little variation between fathers for these components. This is in contrast to their involvement in child care and post natal services. So the low and non-significant intercorrelations for play and holding with child care and post natal services are not surprising. On the other hand father's affective involvement with their child and about being a father was high and showed little variation. So it is surprising that their inter-correlations with play and holding were not higher.

Relationships between prenatal and postnatal components of involvement

The inter-correlations between pre-natal and post-natal components of involvement are shown in Table 5.5, and the inter-correlations between "Overall decision making" (description in Chapter Two) and the components of involvement are shown in Table 5.6.

Table 5.5

Inter-correlations between pre-natal and post-natal components of involvement

	Post natal services	Child care	Play	Holding	Feeling child	Feeling being a father
Antenatal services	.313**	.019	-.13	.005	-.07	-.13
Preparations	.02	.19	.03	.01	-.08	.05
Feelings pregnancy	.06	.075	.24	.21	.09	.27
Feeling foetus	.07	.11	.16	-.08	.2	.08
Feeling becoming a father	-.04	.13	.23	.3	.34***	.14

Table 5.5 shows two significant inter-correlations between pre-natal and post-natal components. Affective involvement in becoming a father was found to be significantly correlated with affective involvement with the child ($p < .002$). The other significant inter-correlation was between father involvement in services before the birth and his involvement with them after the birth ($p < .02$). There were also two inter-correlations which just failed to reach significance. The first of these was between affective involvement in becoming a father and holding ($p < .06$) and the second was between affective involvement with the foetus and affective involvement with the child ($p < .09$).

Nash (1976) has argued that a father's pre-natal attitude probably affects his level of involvement with his child after the birth.

However, he presents no data to support his view and so there are no grounds on which to accept such a predictive hypothesis. Fathers' pre-natal attitudes were not measured in this study but involvement in events were as were emotional involvement. The significant relationship between involvement in pre- and post-natal services could be explained in Nash's terms. That is fathers were already committed during the pregnancy to being involved in services and so continued to be involved after the birth. Alternatively it could be explained by the amount of flexibility a man has at work particularly with regard to getting time off. The latter view is supported by the main reason men gave for not attending clinics which was their work commitments.

The relationship between affective involvement in becoming a father and later with their child is not surprising. But in view of this it is surprising that there were not more significant relationships between other pre- and post-natal affective components.

Overall, these results suggest that involvement during pregnancy does not predict later involvement and that a father's level of involvement may change throughout the peri-natal period.

The intercorrelations between the components of involvement and the rating for overall involvement in decision making (described in Chapter 2) are shown in Table 5.6.

Table 5.6

Inter-correlations between the components of involvement and overall decision making

	<u>Decision Making Overall</u>
Antenatal Services	-.08
Preparations	.007
Feelings Pregnancy	.12
Feeling Foetus	.10
Feeling becoming a father	.11
Postnatal Services	.13
Child Care	.3**
Play	.15
Holding	.04
Feelings child	.04
Feelings being a father	-.12

**p<.025

Table 5.6 shows only one significant intercorrelation between overall decision making and the components of involvement - that was with involvement in child care ($p < .02$). This relationship is probably spurious as none of the five areas of decision making correlated with father involvement in child care.

Of the inter-correlations between the 17 components of involvement only nine statistically significant relationships were found. On a chance basis at least seven would be expected to occur. The size of these significant inter-correlations were low. The correlational measure Tau c is an index and cannot be used to assess the proportion of variance accounted for. Values of Tau c run from +1.0 through zero to -1.0. All of the significant inter-correlations were lower than +0.4, suggesting that these relationships are not very strong.

In conclusion, these results provide very little evidence to suggest that father involvement in some components predicts his involvement in other components. Thus, these data are insufficient to formulate a predictive model of fathering behaviour. What these data suggest is that father involvement not only varies

within components but also between components. Why this is so may in part be dependent on what factors affect a father's level of involvement in a particular component.

(II) FACTORS WHICH MAY ACCOUNT FOR THE VARIATION IN FATHER INVOLVEMENT

A further aim of the study was to attempt to account for any variation found in fathers level of involvement in the various components. In Chapter one a number of possible factors which may affect a father's level of involvement were discussed. The composition of the sample for this study permitted the development of hypotheses to test three of those factors:-

1. Social Class
2. Gender of Infant
3. Fathers work hours.

In order to investigate the relationship between these factors and father involvement, the possible influence of confounding variables must be kept in mind. That is, before any conclusions can be drawn it is necessary to discuss whether the groups isolated according to one factor (variable) differ consistently in a number of ways which may affect the results. Therefore, for each factor investigated, their relationship with other variables will be examined.

For child care the ratings of the ten specific tasks were also correlated with the factors. These analyses were carried out because

1. Relationships between the factors and specific tasks are missed in the overall score.
2. Where a significant relationship exists between a factor and the child care rating the analysis of specific tasks will clarify where the relationships are strongest.

Further analyses were also carried out for Play and Holding. The amount of time fathers spent on these activities was correlated with the factors as previous studies (e.g. Kotelchuck, 1976 and

Russell, 1978) have assessed involvement this way rather than by rating.

To assess the relationship between the factors and the ratings Kendall's Tau c were computed for discrete variables and Kendall's rank order correlation coefficient were computed for continuous variables.

Social class

Social class has been considered as a factor which may affect a fathers level of involvement in child care. However, previous studies have produced contradictory results. The basis for sampling for this study was to secure equal groups of middle-class and working-class fathers, therefore the following hypothesis was proposed:-

There will be no significant relationships between social class and fathers level of involvement.

As shown in Chapter Three middle-class and working-class fathers did not differ in terms of their total hours at work or in the amount of time they spent with their child each day. There was also no significant relationship between social class and gender of infant. However, middle-class men were found to be, on average 2.9 years older than working-class men and the difference was significant at the 5 per cent level (2 tailed test). So analyses were carried out for fathers age. The only variable which was confounding fathers age was social class; there were no significant relationships with total hours at work ($r=+0.05$) or hours per day spent with child ($r=+0.25$) there was also no significant difference between the ages of fathers of boys and fathers of girls (Boys $\bar{x}=27.1$, $\sigma=3.6$, girls $\bar{x}=28.4$, $\sigma=4.1$, $T=-1.1$, $df=38$, n.s.)

For Social Class and Fathers age the inter-correlations with the components of involvement are shown in Table 5.7. All of the inter-correlations for social class and fathers age are low and non-significant.

When social class was held constant for age a significant rela-

tionship was found for WC fathers with involvement in post-natal services ($r = -.47$, $p < .01$). The direction of the sign indicates that older WC fathers were more involved in post-natal services than younger WC fathers. The same relationship was not found for MC fathers. When infant gender was held constant for age it was found that younger fathers of girls were more involved in Play ($r = .44$, $p < .01$) but this was not true for younger fathers of boys.

The inter-correlations for social class and fathers age with specific child care tasks (Table 5.8) are all low and non-significant. When social class was held constant for age it was found that older MC fathers were more involved in feeding during the day ($r = .53$, $n = 12$, $p < .05$). No effects were found for WC fathers and no further effects were found when infants gender were held constant.

Table 5.7
Correlations for social class and father's age with the components

Components	FACTORS	
	Social Class	Father's Age
<u>Decision:</u>		
To have child	.16	-.12
Time to start	.23	.09
Attend the birth	.05	.02
Feeding method	.24	-.1
Vaccinations	.01	-.06
Overall Decision		
Making	.22	-.05
Antenatal Services	.08	-.19
Postnatal Services	.03	-.23
Preparations	.15	-.13
Childcare	.05	-.15
Play	-.10	.09
Holding	-.15	-.04
<u>Affective:</u>		
Pregnancy	.14	-.24
Foetus	.16	-.13
Becoming a father	.01	-.01
Child	.21	-.01
Being a father	.25	-.19

Table 5.8

Correlations for social class and fathers age with specific child care tasks

Child Care Tasks	Social Class	Father's age
Play	.12	.03
Walking baby around	.19	.10
Nappies:Wet	.01	.05
Nappies:Dirty	.07	.06
Bathing	.02	-.01
Dressing	.08	-.09
Preparing bottles	.03	.05
Feeding Day	-.21	.07
Feeding Night	-.21	-.02
Fruit Juice	-.08	.21
Seeing to child at night	-.36	.25

WC men spent longer, on average, playing with and holding their infant during the last work day. But the differences were not statistically significant for either play (MC \bar{x} = 62min, σ = 47min, WC \bar{x} = 73min, σ = 62 min, T = -.6, df = 38, n.s.) or holding (MC \bar{x} = 58 min, σ = 42min, WC \bar{x} = 71min, σ = 31 min, T = - 1.08, df = 37, n.s.). For fathers age there were no significant inter-correlations with time spent in play or holding even when social class and infants gender were controlled for.

Infants' gender

A number of studies have investigated the effect of the infants gender on father involvement, but to date the evidence is inconclusive. The sample contained 23 fathers of girls and 17 fathers of boys. The following hypothesis was proposed:-

There will be no significant relationship between infants gender and fathers level of involvement.

These two groups of fathers did not differ significantly in terms of father's age (Boys \bar{x} = 27.1, σ = 3.6, girls \bar{x} = 28.4, σ = 4.1, T = -1.1, df = 38, n.s.), total number of hours worked (Boys \bar{x} = 51.7 hrs, σ = 12.5, Girls \bar{x} = 48 hrs, σ = 12.2, T = .83, df = 36,

n.s.) or total number of hours per day with infant (Boys $\bar{x} = 4.0$ hrs, $\sigma = 2.2$, Girls $\bar{x} = 3.8$ hrs, $\sigma = 1.7$, $T = .35$, $df = 38$, ns).

The inter-correlations between infants gender and the components of involvement are shown in Table 5.9. All the inter-correlations are low and non-significant, and when social class was controlled for no further significant relations were found.

Table 5.9

Correlations between the infants gender and the components

Components	Gender
<u>Decision:</u>	
Feeding method	.18
Vaccinations	.01
Postnatal Services	.14
Childcare	.05
Play	-.22
Holding	-.06
<u>Affective:</u>	
Child	.01
Being a father	-.06

The inter-correlations for infants gender with specific child care tasks are all low and non-significant (see Table 5.10) when social class was held constant no gender differences were found for WC fathers but MC fathers of boys were found to take a greater share in changing dirty nappies than MC fathers of girls (Tau $c = .47$, $p < .05$). Fathers of boys did not differ from fathers of girls in terms of the amount of time spent in play (boys $\bar{x} = 77.9$ min, $\sigma = 74.6$ min, girls $\bar{x} = 60.21$ min, $\sigma = 34.6$ min, $T = 1.01$, $df = 38$ n.s.) or holding (boys $\bar{x} = 65.9$, $\sigma = 37.9$, girls $\bar{x} = 64.3$, $\sigma = 37.3$, $T = .13$, $df = 37$, n.s.).

Table 5.10

Correlations between infants gender and specific child care tasks

Child Care Tasks	Gender
Play	.20
Walking baby around	-.02
Nappies:Wet	-.13
Nappies:Dirty	.14
Bathing	-.15
Dressing	.10
Preparing bottles	.03
Feeding Day	-.18
Feeding Night	.14
Fruit Juice	-.21
Seeing to child at night	-.07

Fathers' work hours

There is some anecdotal evidence to suggest that fathers overall work hours affect their "relationship" with their child (Elliot, 1978., Fein,1976). But there is no evidence to suggest that his involvement in events and activities is affected by this - although one may intuitively expect this. So the following hypothesis was proposed:-

There will be no significant relationship between fathers total hours at work^{1*} and their level of involvement.

It was expected that a father's total hours at work would be related to the total number of hours he spends each working day with his waking infant. However no such relationship was found ($r = +0.03$) probably because the infant's sleeping pattern is more

¹Two fathers were excluded from these analyses as one was unemployed and one could not calculate his work hours.

likely to affect this. Therefore a further hypothesis was proposed:

There will be no significant relationship between fathers total hours per day with his waking infant and levels of involvement.

The inter-correlations for these two factors with the components of involvement are shown in Table 5.11. For fathers work hours one significant relationship was found with child care. The direction of the sign indicates that fathers who work shorter hours tend to be more highly involved. When fathers total hours at work were controlled for social class one significant inter-correlation was found: Working-class fathers' work hours were related to their involvement in child care ($r = .46$, $p < .02$). The direction of the sign indicates that fathers who worked shorter hours were more involved. For middle-class fathers there were no significant relationships. When infants gender was held constant, one further significant relationship was found. Fathers of girls work hours were found to be related to involvement in child care ($r = +0.46$, $p < .006$) indicating that fathers of girls who work shorter hours are more highly involved than fathers of girls who work longer hours. This relationship was not found for fathers of boys.

The inter-correlations with specific child care tasks are shown in Table 5.12. As a significant inter-correlation was found between fathers work hours and the child care rating we would expect some significant relationships here. Infact three are shown, the remaining inter-correlations are small and non-significant. When social class was held constant it was found that WC fathers who worked shorter hours were more involved in changing wet nappies than WC fathers who worked longer hours ($r = -.39$, $p < .05$). For dirty nappies the same relationship was shown for MC fathers ($r = -.36$, $p < .06$). When infants gender were controlled no significant relationships were found for boys, but fathers of girls work hours were related to their involvement in changing wet nappies ($r = -.39$, $p < .05$), and feeding at night ($r = -.66$, $p < .02$), fathers working shorter hours being more involved.

Table 5.11

Correlations for fathers work hours and time with infant with the components

Components	FACTORS	
	Work Hours	Time with infant
Decision:		
To have child	.08	-.05
Time to start	-.06	.17
Attend the birth	.06	.11
Feeding method	.04	.01
Vaccinations	.05	-.10
Overall Decison making	.02	-.10
Antenatal Services	.12	.12
Postnatal Services	.004	-.15
Preparations	.15	-.05
Childcare	.28*	-.03
Play	-.08	-.09
Holding	-.02	.08
Affective:		
Pregnancy	-.22	-.08
Foetus	-.16	.06
Becoming a father	-.10	.10
Child	-.10	.24
Being a father	-.03	.08

*p <.05

Table 5.12

Correlations for work hours and time with infant with specific child care tasks

Child Care Tasks	Work Hours	Time with infant
Play	.04	-.12
Walking baby around	.02	-.09
Nappies:Wet	-.28*	-.12
Nappies:Dirty	-.27*	.04
Bathing	-.1	.19
Dressing	-.3**	.05
Preparing bottles	-.19	-.05
Feeding Day	-.01	.004
Feeding Night	-.31	-.01
Fruit Juice	-.04	-.11
Seeing to child at night	-.12	.23

* $p < .05$

** $p < .025$

Fathers' work hours were not found to be related to the total amount of time they spent in play ($r = .17$, ns) or holding ($r = .04$, ns), even when social class and infants gender were held constant.

No significant relationships were found for the "time with infant each day" factor (see Tables 5.11 and 5.12). When social class was held constant one significant relationship was found. WC fathers who spent more time with their child were more likely to take their child to the G.P. or clinic ($r = -.37$, $p < .05$). But this relationship was not found for MC fathers. All other inter-correlations with the components and specific child care tasks (Table 5.12) were low and non-significant even when social class and infants gender were controlled for.

The relationship for this factor with time spent in play just failed to reach significance ($r = .21$, $p < .07$). But when social class was held constant this relationship was only found to exist for MC fathers. So, the more time MC men spend with their child,

the greater the amount of time they spend in play. When infants gender was held constant no further significant relationships were found. The relationship between this factor and holding also failed to reach significance ($r = .19$, $p < .09$). But no further effects were found when social class and infants gender were held constant.

SUMMARY

To account for the variation found in the level of father involvement in the components, five factors were investigated: - 1) social class, 2) infants gender, 3) work hours 4) father's age, and 5) time spent with child. Correlation coefficients were computed for the five factors with the components, the specific child care tasks and the amount of time spent each day playing and holding.

For social class no significant relationships were found with the components or specific tasks and no differences were found for amount of time spent in play or holding. All of the inter-correlations with infants gender were low and non-significant. However, when social class was held constant, MC fathers were found to differentiate when changing dirty nappies:- preferring to change their sons rather than their daughters.

The inter-correlations for fathers age were also low and non-significant. But when social class was held constant it was found that older MC fathers were more involved than younger MC fathers in feeding during the day; this relationship was not found for WC fathers. When infants gender was held constant for fathers age, it was found that younger fathers of girls were more involved in play but there were no significant relationships between fathers age and time spent in play or holding even when social class and gender were held constant.

Fathers work hours were significantly related to levels of involvement in child care, specifically changing nappies and dressing. The shorter the work hours the higher the level of involvement. This effect was true for both social class groups, but only for fathers of girls. No relationships were found bet-

ween work hours and time spent in play or holding even when social class and infants gender were controlled. For the 'time with child' factor no significant relationships were found with the components of involvement. When social class was held constant it was found that WC fathers who spend a greater number of hours with their child were more likely to be involved in post-natal services.

The analyses for the five factors with the components of involvement produced only one statistically significant relationship. - between work hours and child care. But the size of this correlation was small and may have occurred by chance.

When the analyses took into account the possible combined effects of the factors on father involvement several statistically significant results emerged. Some of these served to clarify the nature of the relationship found between the factors and the components, but several relationships, not evident in the initial analysis emerged. However, all of the inter-correlations were small in size ($<.5$) as was the number of subjects on which these correlations were computed, and the few that were found may have occurred by chance.

Due to the meagre evidence produced to account for the variation in father involvement, further research on other factors was indicated.

CHAPTER 6

STUDY II

AIMS, METHODS AND SAMPLE

INTRODUCTION

Several factors which may account for variation in fathers' level of involvement were discussed in Chapter One. Of these hypotheses have been developed and tested of the data for (1) infants gender, (2) social class, and (3) fathers work hours. Hypotheses were also developed for two further background variables - fathers age and hours spent each day with their child - and tested by the data. These analyses produced fewer statistically significant relationships than would be expected on the basis of chance. So further study was indicated.

Of the factors discussed in Chapter One, one was considered to be strongly supported by a series of studies. This factor was called 'family network connectedness'. The findings of these studies (reviewed in Chapter One) suggest that husbands/fathers are more involved in housework and child care if there are no relatives available to help their wives. In view of the fact that this was, of the remaining factors, the one that was the most strongly supported by previous research it was selected for investigation through a second study.

Two main family network types have been described in the literature (reviewed in Chapter One):-

- (i) close-knit or extended
- (ii) loose-knit or immediate

The major characteristics of these two family types are summarized in Table 6.1

Table 6.1.
Characteristics of Family types

<u>Close-knit</u>	<u>Loose-knit</u>
Live in close proximity to relatives	Do not live in close proximity
Frequent contact between family members (particularly females)	Infrequent contact between family members
High exchange of services	Low exchange of services
Strong mother-daughter tie	Weak mother-daughter tie
More prevalent in WC population	More prevalent in MC population
Low husband/father involvement in the home	High husband/father involvement in the home

THE AIM OF THE SECOND STUDY

The aim of the second part of this study was to investigate the relationship between family network connectedness and father involvement in pregnancy, birth and early parenthood. On the basis of previous research findings it was hypothesized that there will be statistically significant relationships between family network connectedness and fathers' level of involvement in all of the various components. The direction of the relationship will show that fathers in 'loose-knit' families will be more involved than fathers in 'close-knit' families. It was further hypothesized that wives in 'close-knit' families would receive more help from their own relatives, particularly their own mother, than wives in 'loose-knit' families.

METHODS AND PROCEDURE

The methods and procedure for this study were as for Study I, except for the following additions.

(i) Father health

The father's interview was extended to cover aspects of physical health during the study period (see Appendix 2) these questions were not related to any hypotheses, they were included so that any fathers who had suffered a serious physical illness - which would affect his ability to be involved - could be eliminated from the sample. Fathers completed the shortened version of the General Health Questionnaire (Goldberg and Hillier, 1979). This is a self administered questionnaire aimed at detecting those with a diagnosable psychiatric disorder (Goldberg, 1972). Fathers also completed a modified form of the Brice Pitt Inventory (Pitt, 1968). This inventory was originally designed to detect depression in women following childbirth, but it has also been used with men (Scott-Heyes, 1982). The version of the Pitt used in this study differed from the original in that two questions were reworded.

In the original version question three asks 'Are you worried about your looks?'; in this study version 'looks' was changed to 'appearance'. Also the original question 17 asks 'Do you cry easily', for this question the following was asked.. 'Do you get upset easily'. These changes were felt necessary if the inventory was going to be used with men. These questionnaires were given to fathers so that those suffering from severe mental stress could be eliminated from the sample.

(ii) Fathers' involvement in housework

Previous studies of family network connectedness reported that the relationship between family type and husband/father involvement existed for both housework and child care tasks (see Chapter One). So an additional section on housework was included in the father's interview (see Appendix 2). Fathers were asked to indicate how much housework they had done in the last week in the same way as for child care (see Chapter 2). Ten tasks were included (shopping, cooking main meals, preparing other meals, washing up and drying, washing clothes, ironing, sewing and mending, dusting and Hoovering, cleaning the bathroom, and cleaning the kitchen) and fathers were rated as high, medium or low in the same way as for child care tasks.

(iii) Family network connectedness

To determine the frequency of contact wives had with their relatives and the amount of help they received it was necessary to interview all the wives. A separate interview was developed (see Appendix 3); this contained detailed systematic questions about the frequency of contact they had with their own relatives and their in laws. Wives were also asked about the amount of help they received from relatives and about their satisfaction with the help given by their husbands and relatives. The interview with wives was carried out on the same day as their husbands.

SAMPLE CRITERIA

(i) Definitions of family types

Studies of family network connectedness (reviewed in Chapter ~~One~~) suggest that the frequency of contact between mothers and their own mothers to be the lynch-pin in determining the frequency of contact between all family of origin members. That is wives who see their own mothers several times a week would also see many other relatives frequently: these are called close-knit or extended families. On the other hand wives who do not see their mothers several times a week do not see other relatives frequently either: these are called loose-knit or immediate families. Therefore the following definitions were used to distinguish family types:-

- (i) Close-knit - In these families wives will see their own mothers at least twice a week
- (2) Loose-knit - In these families wives will see their own mothers once a week or less.

(ii) Social class

Family network connectedness has been found to be highly related to social class (see Table 6.1). Therefore if social class was not controlled for one would expect to get a group of close-knit families with fathers mainly in manual occupations and a group of loose-knit families with fathers mainly in white collar occupa-

tions. Therefore any differences found may be attributable to either social class or family type. So, the possible confounding effect of social class was removed. In view of the middle-class bias in the samples of previous father involvement studies, it was decided to redress the balance and study working-class fathers only.

(iii) Other criteria

Similar to study I all fathers were married (or cohabitating) and had a child under three months of age. To control for previous experience all fathers were first-time fathers.

SAMPLE

LOCATION

The sample was drawn from the users of the same four Child Health Clinics.

FINDING THE SAMPLE

Similar to study I, a sample size of 40 was aimed for. Parents (usually mothers) were approached by the researcher at the clinic. In order to identify social class and family type it was necessary to conduct a brief interview with the mother. This involved asking about contact with relatives during the last week - particularly frequency of contact with their own mother - and then about husbands' occupations.

In all 84 mothers of first born children under three months of age were interviewed at the clinic. Thirty-seven of these were eliminated, twenty-six were middle-class, eight were single mothers (7 WC, 1 MC) and three (all WC) were step-mothers. Of those meeting the criteria a breakdown by family type on the basis of frequency of contact with own mother is given in Table 6.2 with reasons for failure to interview.

Table 6.2Sample

	<u>Family Type</u>		Total
	Close-knit	Loose-knit	
Sample drawn	30	17	47
Not interviewed			
- refused	4	0	4
- aborted interview/moved	2	1	3
- failed to contact after 3 visits	0	1	1
Too many in group	4	0	4
Total interviewed	20	15	35

Of the four fathers who refused, three said that they weren't interested and one said that he and his wife 'prefer to keep it private'. All four were close-knit families.

The aim was to achieve a quota of 20 Close-Knit families (referred to as CK below) and 20 Loose-Knit families (referred to as LK below). The latter fell short by five even after an extended period of intensive clinic attendance. As Table 6.2 shows, for the total sample drawn close-knit families outnumber loose-knit families almost two to one. So the views recently expressed about the decline of the close-knit family network (see Chapter 1) were not supported in this study. The total number interviewed was 35 fathers and their wives.

FAMILY NETWORK CONNECTEDNESS

The total number of relatives seen by the wives during the week preceeding the interview are shown in Table 6.3.

Table 6.3

Total number of relatives seen during the last week by family type

Family Type	No. Seen						Total
	None	1-2	3-4	5	6-7	8 or more	
CK n	0	0	3	5	5	7	20
(%)	(0)	(0)	(15)	(25)	(25)	(35)	
LK n	2	3	6	2	1	1	15
(%)	13.3	(20)	(40)	(13.3)	(6.7)	(6.7)	
Total n	2	3	9	7	6	8	35
(%)	(5.7)	(8.6)	(25.7)	(20)	(17.1)	(22.9)	(100)

The relationship between family type and total number of relatives seen during the last week is highly statistically significant (Tau C = .68, $p < .0002$), with CK wives seeing more relatives than LK wives.

WIVES CONTACT WITH THEIR OWN PARENTS

Two couples in the CK group were living with the maternal grandmother, the rest of the CK wives as specified in the sample criteria - saw their own mother at least twice a week. Two of the wives' mothers in the LK group were deceased. Of the rest, seven had seen their mother once a week, two fortnightly, two monthly, one had seen her mother once since the birth, and one had not seen her mother for over one year.

Almost three quarters of the wives (72.7%) said that they felt close to their own mother (75% CK, 69.2% LK), a further 15.2 percent reported feeling fairly close (15% CK, 15% LK) and the rest said that they did not feel close (10% CK, 15.4% LK). There were no differences between CK and LK wives in reported feelings of closeness to their mother.

Eight of the wives fathers (4 CK, 4 LK) were deceased the frequency of contact between the rest of the wives and their fathers since the birth is shown in Table 6.4.

Table 6.4
Frequency of contact between wives and their own fathers since
the birth by family type

	Frequency			Total
	More than once a week	Weekly	Less than once a week	
CK n	9	5	2	16
(%)	(56.3)	(31.3)	(12.5)	(59.3)
LK n	0	5	6	11
(%)	(0)	(45.5)	(54.5)	(40.7)
Total	9	10	8	27
	(33.3)	(37)	(29.6)	(100)

Wives in CK families saw their fathers significantly more frequently than LK wives (Tau C = .65, p <.002).

Just over half (51.9%) of the wives said that they felt close to their father (50% CK, 54% LK), a further 29.6% felt fairly close (31.3% CK, 27.3% LK) and the rest did not feel close (18.8% CK, 18.2% LK). There was no difference between CK and LK wives' reported feelings of closeness to father. There was also no difference between reported feelings of closeness to either parent.

WIVES' CONTACT WITH THEIR 'OWN' OTHER CLOSE RELATIVES

Wives were asked about their frequency of contact with three of their next closest relatives¹. The relatives mentioned are shown in Table 6.5 and the frequency of contact with these relatives in Table 6.6.

¹*Who was a close relative was left to the wives to define.

Table 6.5

Next three closest relatives after parent by family type

	<u>Relative</u>					Total
	Brother	Sister	Grand mother	Aunt	None	
<u>1st mentioned</u>						
CK n	10	8	1	0	1	20
(%)	(50)	(40)	(5)	(0)	(5)	
LK n	11	4	0	1	0	15
(%)	(73.3)	(26.7)	(0)	(0)	(0)	
<u>2nd mentioned</u>						
CK n	5	4	5	1	5	20
(%)	(20)	(20)	(25)	(5)	(25)	
LK n	3	9	2	1	0	15
(%)	(20)	(60)	(13.3)	(6.7)	(0)	
<u>3rd mentioned</u>						
CK n	1	6	3	2	8	20
(%)	(5)	(30)	(15)	(10)	(40)	
LK n	2	5	2	1	5	15
(%)	(13.3)	(33.3)	(13.3)	(6.7)	(33.3)	

The majority of the wives mentioned their siblings as their next closest relatives, followed by grandmothers and aunts.

Table 6.6

The frequency of contact with 'own' three next closest relatives since the birth

	<u>Frequency</u>			
	More than once a week	Once a week	Less than weekly	Total
<u>1st mentioned</u>				
CK n	9	9	1	19
(%)	(47.4)	(47.4)	(5.3)	(55.9)
LK n	0	7	8	15
(%)	(0)	(46.7)	(53.3)	(44.1)
Total n	9	16	9	34
(%)	(26.5)	(47.1)	(26.4)	(100)

<u>2nd mentioned</u>				
CK n	6	5	4	15
(%)	(40)	(33.3)	(26.6)	(50)
LK n	1	2	12	15
(%)	(6.7)	(13.3)	(80)	(50)
Total n	7	7	16	30
(%)	(23.4)	(23.4)	(53.3)	(100)
<u>3rd mentioned</u>				
CK n	3	5	4	12
(%)	(25)	(41.7)	(33.3)	(54.5)
LK n	0	2	8	10
(%)	(0)	(20)	(80)	(45.5)
Total n	3	7	12	22
(%)	(13.6)	(31.8)	(54.5)	(100)

Table 6.6 shows that CK wives were seeing their first (Tau C = .69 $p < .0002$), second (Tau C = .56, $p < .004$) and third (Tau C = .51, $p < .02$) closest own relatives significantly more frequently than LK wives.

FREQUENCY OF CONTACTS BETWEEN WIVES AND THEIR MOTHER AND FATHER IN LAW

Thirty two wives had a mother in law. In the other three cases all were deceased. The frequency of contact between wives and their mothers in law is shown in Table 6.7.

Table 6.7

Frequency of contact between wives and their mother in-law by family type

		<u>Frequency</u>			
		More than Weekly once a week		Less than Total weekly	
CK	n	5	8	5	18
	(%)	(27.8)	(44.4)	(27.7)	(56.2)
LK	n	4	5	5	14
	(%)	(28.6)	(35.7)	(35.7)	(43.8)
Total	n	9	13	10	32
	(%)	(28.1)	(40.6)	(31.3)	(100)

There was no relationship between frequency of contact and family type (Tau c = .05, ns).

When asked if they felt close to their mother in-law, only 21.9 percent said that they did (16.7% CK, 28.6% LK). A further 37.5 percent said that they felt fairly close (27.8% CK, 50% LK) and the remainder did not feel close (55.6% CK, 21.4% LK). There was a statistically significant relationship between wife's reported feelings of closeness to their mother in-law and family type with LK wives feeling closer (Tau C = .33 $p < .05$).

Overall the wives in the sample saw their own mother more frequently than their mother in-law (Tau C = .33, $p < .025$) but when family type was held constant the relationship was only true for CK wives (Tau C = .72, $p < .001$). Wives also felt closer to their own mother (Tau C = .52, $p < .001$), but this was also only true for CK wives (Tau C = .64, $p < .001$).

Twenty-eight wives had a father in-law, in the other seven cases, six were deceased and one of the husbands never knew his father. The frequency of contact between wives and their father in-law was not related to family type (see Table 6.8).

Table 6.8

Frequency of contact between wives and their father in-law since the birth

		<u>Frequency</u>			
		More than Weekly once a week	Less than weekly	Total	
CK	n	3	9	3	15
	(%)	(20)	(60)	(20)	(53.6)
LK	n	4	4	5	13
	(%)	(30.8)	(30.8)	(38.5)	(46.4)
Total		7	13	9	28
		(25)	(46.4)	(32.1)	(100)

Tau C = .06, ns

Wives saw their own fathers (Table 6.4) as often as their fathers in law. This was true for wives in both family types.

A quarter of the wives said that they felt close to their father in-law (26.7% CK, 23.1% LK). A further 35.7 percent felt fairly close (33.3 % CK, 38.5% LK) and the rest (39.3%) said that they did not feel close (40% CK, 38.5% LK). There was no relationship between closeness to father in-law and family type, reported feelings of closeness to their own father or their mother in-law.

WIVES CONTACT WITH THEIR OTHER CLOSE IN LAWS

Wives were asked about their frequency of contact with three of their next closest in-laws. The relatives mentioned are shown in Table 6.9 and the frequency of contact with these relatives in Table 6.10.

Table 6.9

Next three closest in-laws by family type

		<u>Relative</u>					Total
		Brother	Sister	Grand- mother	Aunt	None	
<u>Ist mentioned</u>							
CK	N	6	13	0	0	1	20
	%	(30)	(65)	(0)	(0)	(5)	
LK	n	7	5	1	1	1	15
	%	(46.7)	(33.3)	(6.7)	(6.7)	(6.7)	
<u>2nd mentioned</u>							
CK	n	4	8	1	1	6	20
	%	(20)	(40)	(5)	(5)	(30)	
LK	n	2	7	1	0	5	15
	%	(13.3)	(46.7)	(6.7)	(0)	(33.3)	
<u>3rd mentioned</u>							
CK	n	2	2	1	1	14	20
	%	(10)	(10)	(5)	(5)	(70)	
LK	n	2	2			9	15
	%	(13.3)	(13.3)	(0)	(13.3)	(60)	

All but 2 wives mentioned a first next closest in-law - most giving a sibling, with twice as many CK wives mentioning a sister in-law. Eleven wives did not give a second in-law and 23 did not give a third.

So, overall, the wives had fewer close in-laws than close members of their own family. But again wives mentioned only siblings, grandmothers and aunts.

Table 6.10

Frequency of contact with three next closest in-laws by family type

		<u>Frequency</u>			
		More than Weekly once a week		Less than Total weekly	
<u>Ist mentioned</u>					
CK	n	2	14	3	19
	%	(10.5)	(73.7)	(15.8)	(57.6)
LK	n	3	1	10	14
	%	(21.4)	(7.1)	(71.4)	(42.2)
Total	n	5	15	13	33
	%	(15.2)	(45.5)	(15.2)	(100)
<u>2nd mentioned</u>					
CK	n	1	5	8	14
	%	(7.1)	(37.5)	(39.4)	(53.3)
LK	n	2	1	7	10
	%	(20)	(10)	(70)	(41.7)
Total	n	3	6	15	24
	%	(12.5)	(25)	(62.5)	(100)
<u>3rd mentioned</u>					
CK	n	0	2	4	6
	%	(0)	(33.3)	(66.6)	(50)
LK	n	1	1	4	6
	%	(16.7)	(16.7)	(66.6)	(50)
Total	n	1	3	8	12
	%	(8.3)	(25)	(66.6)	(100)

CK wives were seeing their first closest in-law significantly more frequently than were LK wives ($\tau_c = .39$, $p < .03$). This relationship was mainly accounted for by CK wives contact with their sister in-law. There were no significant relationships between family types and contact with second and third closest in-law.

FAMILY NETWORK CONNECTEDNESS - SUMMARY AND CONCLUSIONS

The information on wives frequency of contact with their relatives demonstrates that the two groups selected on the basis of a single criteria - frequency of contact with their own mother - are very different. The main differences were:-

1. CK wives saw significantly more relatives each week than LK wives
2. As well as their own mother, CK wives saw their own father and their three other closest relatives significantly more frequently than LK wives.
3. CK wives saw their first mentioned closest in-law significantly more frequently than LK wives, but there were no relationships between family type and frequency of contact with mother in-law, father in-law and the two other closest in-laws.
4. CK wives saw their own mother significantly more frequently than their mother in-law, but this relationship was not found for LK wives.
5. CK wives felt closer to their own mother than their mother in-law, but this relationship was not evident for LK wives. But LK wives felt closer to their mother in-law than did CK wives.

Overall CK wives had strong links with their family of origin, a link which was not evident for LK wives. Therefore, the findings of previous studies - that the frequency of contact between wives and their own mothers determines family network connectedness - was supported.

SOCIAL CLASS

Table 6.11 shows the social class distribution for the two family types to be similar and the total sample to be fairly representative of that found among first time births in the working class population of England and Wales.

Table 6.11

Distribution of first births to married women by social class (England and Wales, 1978) and of the study sample.

	<u>Social Class</u>	
	III(M)	IV and V
National births %	67	33
Total study sample %	74.3	25.7
CK %	75	25
LK%	73.3	26.6

Source: O.P.C.S. (1980) Birth Statistics, 1978, London: HMSO.

BACKGROUND

Fathers in the sample varied in age between 20 years and 41 years with a mean of 26.5 years. There was no significant difference between the father's age structure in the two study groups (CK \bar{x} = 26.1 years, LK \bar{x} = 26.9 years, t = .51, ns) or between Study I and Study II fathers. Similar to Study I most of the fathers were Londoners. Forty percent were born in the study Borough with a further 40 percent born elsewhere in London. There was no difference between the two study groups for fathers place of birth (see Table 6.12).

The mean school leaving age for fathers was 16 years and all had left school by the age of 18 years. There were no significant differences between CK and LK fathers for age when left school (CK \bar{x} = 15.9, σ = .88, LK \bar{x} = 16.2, σ = 1.0, t = -1.09, df = 33, ns) or in the levels of qualifications (see Table 6.12). But fathers in study II left school earlier and had fewer qualifications than fathers in study I. This is explained by the absence of middle-class fathers in the study II sample.

WORK

Only one father (LK) was unemployed at the time of the interview. A small group were self employed (20% CK, 13.3% LK); all but one - a window cleaner - were skilled men, for example, electricians and carpenters. The total hours worked in the previous week by fathers in this study ranged from 25 to 72 with a mean of 47.9

hours. This is only 1.6 hours longer on average than hours worked by working class men in the first study. There was no significant difference between CK and LK fathers in total hours worked (CK \bar{x} = 47.9, σ = 9.4, LK \bar{x} = 48.1, σ = 11.9, t = .06, ns).

Sixty-two percent of the fathers (65% CK, 57% LK) had worked some overtime each month in the three months preceeding the interview; with 32.4 percent (30% CK, 35.7% LK) working overtime every week in the same period. Sixty-two percent had worked at least one weekend each month in the three months preceeding the interview (70% CK, 50% LK), with 20.6 percent (10% CK, 35.7% LK) working part or all of every weekend in the same period.

Overall there were no major differences between CK and LK fathers in terms of overtime and weekend work. Only four fathers (2 CK, 2 LK) were working shifts and none of the fathers had a second job.

HOUSING

Similar to the families in study one, in general the second study population was well housed. Owner occupation accounted for 65.7 percent (60% CK, 73.3% LK), 25.7 percent (30% CK, 20% LK) were living in council flats, one LK couple were living in a privately rented flat and two CK couples were living with relatives.

Sixty percent lived in a house (50% CK, 73.3% LK) the rest in maisonnettes or flats. Altogether 37.1 percent lived above the ground floor (50% CK, 20% LK). Although most families were adequately housed, such housing disadvantages that existed tended to be weighted towards the CK families.

MARITAL AND REPRODUCTIVE BACKGROUND

Similar to the fathers in Study I most (71.4%) were married between the ages of 20 and 24 (see Table 6.12). LK fathers had been, on average, married slightly longer than the CK fathers at the time of interview (CK \bar{x} = 2.84, LK \bar{x} = 3.48), but the difference was not statistically significant. Forty percent of the fathers (35% CK, 46.7% LK) had been married between two and five years before starting a family, leaving 31.4 percent (35% CK, 26.7% LK) in their first two years, 14.3 percent (15% CK, 13.3% LK)

married for more than five years and 14.3 percent (15% CK, 13.3% LK) getting married during the pregnancy.

Only one couple had had a previous pregnancy which ended in a miscarriage. All but five fathers (2 CK, 3 LK) said that they or their wives had used some form of contraception prior to starting a family. Of those that had used contraceptives the most common method was the pill (65% CK, 53.5% LK). Four couples were using the sheath (3 CK, 1 LK), three were using the IUD (1 CK, 2 LK), a CK couple were using the cap, and one LK couple were using the withdrawal method.

Of those not using contraceptives, two were premarital conceptions and three couples had been trying for a child since they married. In all but seven cases (5 CK, 2 LK) fathers reported that they were trying for a child. The other seven couples consisted of five (4 CK, 1 LK) premarital conceptions, one CK couple who reported that their IUD failed and one of the LK wives had come off the pill for health reasons.

AGE AND SEX OF CHILD

All interviews took place between the second and third month postpartum. Sixty percent of the interviews took place at 8-9 weeks, a further 22.9 percent at 10 weeks and the rest during 11-12 weeks postpartum. There was no relationship between family type and age of child at time of interview.

Twenty-seven of the fathers had sons (70% CK, 36.7 LK) and the rest had daughters (30% CK, 13.3% LK). There was also no relationship between family type and sex of child. This high imbalance in the sex ratio cannot be explained. The same ratio also existed for the middle-class babies seen at the clinic.

FATHER'S HEALTH

Eight fathers (4 CK, 4 LK) were ill during the pregnancy. All had colds or flu' and only four said that their ability to do certain tasks (eg. housework) was affected for a few days. Since the birth 11 fathers (6 CK, 5 LK) had been ill (again with colds and

flu'). Only three fathers said that their ability to do certain tasks was affected, but only for a few days. So there were no major health problems and no fathers were eliminated.

GHQ SCORES

The G.H.Q. can be scored in two ways. One involves a Likert scoring (0-1-2-3) for each item; the other a 0-0-1-1 system. Both scoring methods were coded. With the 0-0-1-1 method scoring system a score of over nine indicates moderate problems (Finlay-Jones and Murphy, 1979). For the fathers in this study 57.1 percent had a zero score, a further 23.5 percent had scores of less than four, leaving five fathers with scores between five and seven. Due to the large number of zero's scored it was not possible to apply a t-test to see if CK and LK fathers scored differently. But a t-test was applied to the Likert scores and no significant difference was found (CK \bar{x} = 12.25, LK \bar{x} = 13.7, t = .8, ns).

On the Pitt Inventory fathers scores ranged from zero to 19 with a mean of seven. There was no difference between CK and LK fathers scores (CK \bar{x} = 6.3, LK \bar{x} = 7.9, t = .93, ns). However there was a significant correlation between the G.H.Q and the Pitt inventory scores (Pearsons r = .47, p < .004) Overall fathers scores on these measures were low and none had scores high enough to indicate a moderate or severe problem, therefore none were excluded.

LENGTH OF INTERVIEW

Both interviews took between one hour 20 minutes and three hours 30 minutes, with a mean of two hours four minutes. There was no significant difference between the two family types for total length of interview (CK \bar{x} = 2 hours 4 minutes, σ = 34 minutes, LK \bar{x} = 2 hours 5 minutes, σ = 29 minutes, t = -.17, ns).

SUMMARY

Family network connectedness was selected as a further factor which may explain why fathers are differentially involved. This factor was the most strongly supported by previous studies reviewed in Chapter One and formed a basis for the development of hypotheses to be tested through a second study. Two family types have been described in the literature:

- 1, Close-Knit
- 2, Loose-Knit

It has been found that husbands/fathers are more involved in housework and child care in loose-knit families where there are few or no other relatives available as a source of help for wives. Therefore the aim of this second study was to investigate the relationship between family network connectedness and father involvement in the child bearing year.

The methods and procedure for this second study were similar to study I, except that fathers were also questioned about their health and their involvement in housework. Wives were also interviewed about their frequency of contact with, and the help and support they received from, their relatives.

The sample criteria were similar to study one, except that only working class couples were interviewed and the family type criteria were included. The two family types were defined on the basis of frequency of contact with the maternal grandmother of the infant. The aim was to obtain equal numbers of CK and LK family types, but the latter group fell short by five. Therefore the total number interviewed was 35 fathers and their wives.

The two family types were highly dissimilar in terms of their frequency of contact with their relatives. CK wives showed strong links with their family of origin whereas the LK wives did not. But the groups were similar in terms of their age structure, social class composition, fathers place of birth, school leaving age, educational qualifications, total hours worked, overtime worked, health, sex of child, age of child at time of interview

and length of interview. In general the sample was well housed , but such disadvantages that existed tended to be weighted towards CK families.

Table 6.12.
Background information

		Family type			
		CK		LK	
		N	(%)	N	(%)
<u>Place of birth</u>	Study borough	9	(45)	5	(33.3)
	Other London				
	Borough	8	(40)	6	(40)
<u>TauC = .16, ns</u>	Outside London	3	(15)	4	(26.7)
<u>Educational qualifications</u>	None/CSE	7	(35)	7	(46.7)
	'O' Level	4	(20)	1	(6.7)
	'A' Level	9	(45)	7	(46.7)
<u>Tau C = .05, ns</u>					
<u>Age at time of marriage</u>	18 - 19	2	(10)	1	(6.7)
	20-24	13	(65)	12	(80)
	25-29	4	(20)	0	(0)
	30+	1	(5)	2	(13.3)
<u>Tau C= -.05, ns</u>					

CHAPTER 7

RESULTS - STUDY II

INTRODUCTION

The aim of this second study was to examine the relationship between family network connectedness and father involvement in the various components outlined in Chapter Two. It was hypothesized that family network connectedness would account for some of the variation found in levels of involvement. Therefore from the outset it was necessary to check that the variation found in the first study would be replicated in a second study. In the first part of this chapter data from the two studies were compared to see if the main findings were similar. Following this in part two of this chapter, the main hypothesis will be tested by the data.

PART ONE: COMPARISON OF STUDY I AND STUDY II MAIN FINDING

Ratings for father involvement in study II were compared with those for the total sample and the working class sample from study I. There is no appropriate statistical test which can be applied to test for similarity or difference in these data. Only a crude estimate can be computed - in this case Tau c. However, demonstrating that two sets of ratings are not significantly different with this measure does not mean that they are the same. It is necessary, therefore, to examine the distributions from the two studies to see if they are similar. These distributions are presented in Tables 7.1, 7.2 and 7.3.

Table 7.1

Comparison of ratings for father involvement in decision making for Study II, Study I and Study I working class sub-sample.

Decision	Study Sample	Rating (%)		
		High	Medium	Low
To have a child	II	93.5	3.3	3.3
	I(A11)	91.9	2.7	5.4
	I(WC)	83	5.6	11.1
Time to start	II	8 3	10.0	7
	I(A11)	74.3	20.0	5.7
	I(WC)	62.5	25.0	12.5
To attend the Birth	II	88.6	11.4	0
	I(A11)	92.5	7.5	0
	I(WC)	90.0	10.0	0
Feeding	II	25.7	42.9	31.4
	I(A11)	30.0	42.5	27.5
	I(WC)	25.0	35.0	40.0
Vaccination	II	74.0	20.0	8.6
	I(A11)	64.1	10.3	25.6
	I(WC)	63.0	15.8	21.6
Overall	II	53.1	46.9	0
	I(A11)	43.2	54.1	2.7
	I(WC)	33.3	61.1	6.6

Table 7.2

Comparison of ratings for father involvement in events and activities for Study II, Study I and Study I working class sub-sample.

Component	Study Sample	Rating(%)			
		High	Med-high	Med-low	Low
Antenatal clinic	II	14.3	17.1	37.1	31.4
	I(A11)	15	10	45	30
	I(WC)	5	10	60	25
Preparations	II	11.4	31.4	45.7	11.4
	I(A11)	15	47.5	12.5	25
	I(WC)	20	50	5	25
Postnatal clinic	II	14.3	42.9		42.9
	I(A11)	7.5	47.5		45
	I(WC)	10	45		45
Child Care	II	5.7	48.6		45.7
	I(A11)	5	42.5		52.5
	I(WC)	5	40		55
Play	II	62.9	34.3		2.9
	I(A11)	60	40		0
	I(WC)	65	35		0
Hold	II	51.4	42.9		5.7
	I(A11)	62.5	37.5		0
	I(WC)	55	45		0

Table 7.3

Comparison of ratings for father involvement in affective components for Study II, Study I and Study I working class sub-sample.

Affective component	Study Sample	Rating (%)			
		High	Med-high	Med-low	Low
Pregnancy	II	37.1	51.4	8.6	2.9
	I (All)	37.5	50	10	2.5
	I (WC)	35	45	15	5
Foetus	II	28.6	54.3	17.1	0
	I (All)	20	60	20	0
	I (WC)	10	70	20	0
Becoming a father	II	51.4	37.1	11.4	0
	I (All)	37.5	60	2.5	0
	I (WC)	40.0	55	5	0
Child	II	71.4	25.7	2.9	0
	I (All)	65	32.5	2.5	0
	I (WC)	55	40	5	0
Being a father	II	68.6	31.4	0	0
	I (All)	62.5	37.5	0	0
	I (WC)	50	50	0	0

These tables show that the ratings for father involvement in the various components for Study II, Study I (All fathers) and Study I working class fathers were highly similar. Therefore the findings reported in Chapter Four were replicated in this second study.

The correlation (Spearman's rho) between mean father involvement scores in child care tasks for Study I and Study II was + 0.89 and for Study II fathers with Study I working class fathers +0.89. Fathers in both studies were more involved and least involved in the same child care tasks.

The relationships between the components of involvement for study II are shown in Table 7.4.

Table 7.4

Inter-relationship between the components of involvement for study II

Components	1	2	3	4	5	7	8	9	10	11	12	13	14	15	16	17	18
1. Decision Child	-	.06	-.02	.01	.12	-.02	.03	.07	.07	.07	.02	.11	.02	.08	.14	.03	.01
2. Decision Time		-	.10	.07	.08	.03	.03	.08	.14	.07	.01	.20	.08	.07	.06	.12	.16
3. Decision Birth			-	-.01	.04	.01	.14	.08	.08	.03	.21	.09	.04	.04	-.09	-.17	.03
4. Decision Feeding				-	-.13	-.22	.13	-.02	.07	.16	-.17	.37***	.34**	.05	.08	.09	.07
5. Decision Vacs					-	.08	.25*	.24	-.04	.05	.16	.13	.21	.12	.07	.01	.28
6. Decision Overall					-	-.16	.27	.09	-.07	.07	.25	.52***	.43***	.37*	.20	-.08	.25
7. Antenatal Care						-	.13	.26	.04	-.10	.01	-.12	.02	.05	.04	.04	.32
8. Post Services							-	.16	.10	.26*	.17	.15	.19	.11	.11	.03	.40*
9. Preparations								-	.39**	-.11	.15	.08	.15	.06	.01	.02	.58***
10.Child Care									-	.08	.20	.08	-.13	.12	-.23	.04	.32
11.Play										-	.04	.04	.08	.06	.03	.09	.08
12.Holding											-	.11	.05	.07	.02	.09	.18
13.Affect pregnancy												-	.24	.52***	.17	.16	.32
14.Foetus													-	.17	.29**	.19	.10
15.Becoming a Father														-	.20	.26	.11
16.Child															-	.36*	.01
17.Being a Father																-	-.01
18.Housework																	-

* = p <.05

** = p <.025

*** = p <.01

For study I nine significant inter-correlations were found (see Chapter Five). Table 7.3 shows that 11 significant inter-correlations were found between the components of involvement for study II (excluding the inter-correlations for housework). Only one of these was also reported in study I - that is the relationship between the decision concerning feeding method and affective involvement with the foetus.

In both studies most of the inter-correlations between the components of involvement were low and non-significant. The number of statistically significant inter-correlations barely exceeded the number one would expect by chance. Therefore study II data, like study I data suggest that father involvement not only varies for each component but also between components.

For study I the relationship between father involvement in the various components of involvement and five factors which may account for variation in levels of involvement were investigated. In study II one of these factors - social class - was eliminated and a second factor - sex of child - was also eliminated as the sample only contained eight fathers of daughters. This left 3 factors:

1. Father's age
2. Work hours
3. Time per day with infant

Prior to testing the main hypothesis of the second study the relationship between these three factors and the components of involvement were investigated.

The inter-relationship between the three factors was examined to check for any confounding effects. The inter-correlations between them are shown in Table 7.5.

Table 7.5

Inter-correlations between the three factors which may account for variation

Factors	1	2	3
1 Age	-	-.11	.25
2 Work hours		-	-.3
3 Time with child			-

As in study I no significant relationships were found between age, work hours and hours per day with child.

The intercorrelations between the three factors and the components of involvement are shown in Table 7.6. Only one significant inter-correlation was found, fewer than one would expect on the basis of chance. The relationship between fathers age and affective involvement during the pregnancy indicates that older fathers were more involved. No other significant correlations were found. The one significant correlation found in study I between fathers work hours and involvement in child care was not replicated. As in study I, fathers age, work hours and time per day with their child did not account for the variation found.

SUMMARY

The data from study I and study II were compared to see if the following were replicated:-

- (i) The ratings of father involvement in the various components of involvement.
- (ii) Father involvement in 10 child care tasks and play.
- (iii) The relationship between the components.
- (iv) The relationship between father involvement and fathers age, work hours and time per day with child.

For all four areas the data were similar therefore we can proceed to test the main hypothesis by the data.

Table 7.6

The Relationship between three factors and the components of involvement

<u>Components</u>	<u>Factors</u>		
	Father's age	Work hours	Time/day child
Decision child	-.11	.07	
Decision time	-.16	.05	
Decision birth	-.02	.10	
Decision feed	-.02	.08	.06
Decision vacs	-.10	.08	-.17
Decision overall	-.06	.07	
Antenatal care	-.07	-.26	
Post services	-.23	-.02	-.39
Preparations	-.07	.09	
Child Care	.18	.01	-.21
Play	.21	.08	-.10
Holding	-.12	-.09	-.03
<u>Affective</u>			
Pregnancy	-.33*	-.05	
Foetus	-.05	-.09	
Becoming a father	-.11	-.07	
Child	-.00	-.15	.11
Being a father	.01	-.18	.02
Housework	-.23	-.07	-.13

* = $p < .05$

PART TWO

THE RELATIONSHIP BETWEEN FAMILY NETWORK CONNECTEDNESS AND FATHER INVOLVEMENT

INTRODUCTION

The main aim of the second study was to investigate the relationship between father involvement and family network connectedness. Fathers in the sample were placed in one of two groups (close-knit (CK) or loose-knit (LK)) on the basis of their wives contact with their mothers. It was established in Chapter Six that these two groups were significantly different in terms of their family network connectedness, but similar on all other background variables. It has also been shown that the variation found in study I was replicated in study II and that the other factors studied failed to account for this variation. Therefore the following hypothesis was proposed:-

There will be a significant relationship between family network connectedness and fathers' level of involvement in all the various components. The direction of the relationship will show that fathers in "loose-knit" families will be more involved than fathers in "close-knit" families.

The values of Tau C and their level of significance for the relationship between the ratings of father involvement and family type are summarised in Table 7.31 at the end of this chapter.

RESULTS: THE RELATIONSHIP BETWEEN FATHER INVOLVEMENT AND FAMILY NETWORK CONNECTEDNESS

HAVING A CHILD - THE DECISION

For the decision to have a child ratings were made for 31 fathers*¹. Of these 93.5 percent (88.9% CK, 100% LK) were highly

¹No ratings were made for three fathers as in their case no discussion about having a child had taken place nor decision made - the pregnancy was an accident.

involved, but none had taken the decision alone, all reported that the decision was made jointly. One CK father said that he and his wife had discussed whether or not to have a child, but he left the decision to her; he was given a medium rating. Finally, one CK father said he just left it up to his wife and did not discuss having a child at all. He was given a low rating.

When asked how much influence the father should have in the decision to have a child only one father (CK) said none. The rest (94.4% CK, 100% LK) said that the influence should be shared equally with their wives.

For the decision concerning the time to start a family ratings were made for 30 fathers². Of these 83 percent (82.4% CK, 84.6% LK) were highly involved (all reported that the decision was made jointly). Ten percent (17.6% CK, 0% LK) were given a medium rating and 6.7 percent (0% CK, 15.4% LK) received a low rating. Of those that had had some discussion about the time to start the majority (92.9%, 94.1% CK, 90.9% LK) said that the influence should be shared equally with their wives. One LK father felt that he should have more influence than his wife and one CK father felt that he should have no influence.

Seven fathers (5 CK, 2 LK) said that the pregnancy was not planned. Only three of these fathers (2 CK, 1 LK) discussed the possibility of termination with their wife and in all cases a joint decision was made to keep the baby. Two of these fathers (both CK) felt that they should have some influence in this decision - but not as much as their wives. The other father (LK) felt that he should have no influence. The remaining four fathers who did not discuss the possibility of an abortion all said that they and their wives just accepted it.

For the ratings of father involvement in the decision to have a

²No ratings were made for five fathers. The 4 fathers who had not made a decision to have a child were not asked these questions. The fifth father reported that he and his wife had decided to have children, but not on the time - the pregnancy was an accident.

child and the time to start there was no relationship with family type.

THE ANTENATAL CLINIC

During the pregnancy all of the wives attended an antenatal clinic. Almost two thirds of the wives (62.9%; 45% CK, 86.7% LK) attended 10 appointments, 17.2 percent attended between six and nine appointments (25% CK, 6.7% LK) and the rest (20.1%) attended 13 or more (30% CK, 6.7% LK). There was no relationship between family type and wives attendance at the antenatal clinic (Tau C = .05, ns).

The ratings for father involvement in antenatal care are shown in Table 7.7.

Table 7.7
Father involvement in antenatal care by family type

		<u>Level of Involvement</u>				
		High	Med-high	Med-low	Low	Total
Close knit	n	2	3	7	8	20
	(%)	(10)	(15)	(35)	(40)	(57.1)
Loose knit	n	3	3	6	3	15
	(%)	(20)	(20)	(40)	(20)	(42.6)
Total	n	5	6	13	11	35
	(%)	(14.3)	(17.1)	(37.1)	(31.4)	(100)

Tau C = -.24, ns

Fathers from loose-knit families were slightly more involved than CK fathers. But the relationship between family type and father involvement in antenatal care just failed to reach significance. It was argued in Chapter One and Chapter Six that fathers in CK families would be less involved because their wives would turn to their own mothers and other female relatives for help. So in this

case it would be expected that wives in CK families would take their mother to the clinic with them rather than their husband. To test this hypothesis wives were asked if they had been accompanied to the antenatal clinic by anyone else other than their husband.

Whether wives had been accompanied by anyone else or not was significantly related to family type ($\text{Tau } C = .35, p < .05$). Eighty percent of CK wives were accompanied by a relative compared with only 46.7 percent of LK wives. Of those that had been accompanied by a relative 13 (10 CK, 3 LK) mentioned their own mother, two LK wives were accompanied by their mother-in-law, two CK wives mentioned their father-in-law, three CK and one LK wives mentioned a sibling and two wives (1 CK, 1 LK) mentioned an aunt.

The number of times wives were accompanied by a relative were rated in the same way as for father involvement. Table 7.8 shows that there is a significant relationship between relatives involvement in antenatal care and family type.

Table 7.8

Relatives involvement in antenatal care by family type

		<u>Level of Involvement</u>				Total
		High	Med-high	Med-low	Low	
CK	n	8	4	4	4	20
	%	(40)	(20)	(20)	(20)	(57.1)
LK	n	2	2	3	8	15
	%	(13.3)	(13.3)	(20)	(53.3)	(42.9)
Total	n	10	6	7	12	35
	%	(28.6)	(17.1)	(20)	(34.3)	(100)

$\text{Tau } c = .42, p < .02$

So as expected, wives in CK families were accompanied by their relatives significantly more often than wives in LK families.

These findings also suggest that LK wives attended the clinic more frequently alone.

PREPARATION FOR FATHERHOOD

(I) Previous experience

Similar to study I more than half of the fathers (57.1%, 60% CK 53.4% LK) had looked after children for relatives or friends at some time, but only five fathers (5 CK, 0 LK) had done this during the pregnancy. Before their child was born, 71.4 percent (70% CK, 73.3% LK) had never changed a nappy and 62.9 percent (65% CK, 60% LK) had no idea how to put one on. Sixty-three percent (60% CK, 66.7% LK) had never fed an infant of three months to one year. Over half (51.4%; 50% CK, 53.3% LK) said that they had talked to other parents about what it is like to be a parent, but only two fathers (both CK) did this before the pregnancy. So, similar to fathers in study I overall previous experience with children was minimal. There was also no difference between fathers from CK and LK families in terms of their previous experience.

(II) Preparation classes

In study I 80 percent of the wives attended a course of antenatal classes but in this study slightly fewer did so (65.7%; 60% CK, 73.4% LK). Although more LK wives attended a course of classes, there was no significant relationship between wives attendance and family type (Tau C = .14, ns). Four fathers (3 CK, 1 LK) attended a course of classes, all four went with their wives and completed the full course. A further 11 fathers (6 CK, 5 LK) said that they would have liked to have attended a course of classes and 88 percent (85% CK, 93.3% LK) of the total sample said that classes should be open and available to fathers. Only two fathers felt that they should be for mothers only and a further two didn't know.

Just under a third of the fathers (31.4%; 30% CK, 33.3% LK) had been to a class showing a film, 17.1 percent (5% CK, 33.3% LK) had been to a fathers class where a talk was given and four fathers (2 CK, 2 LK) had been on a tour of the maternity unit.

Overall attendance at preparation classes for fathers is shown

in Table 7.9.

Table 7.9

Total number of preparation classes attended by fathers by family type

	<u>No. of classes</u>					Total
	0	1	2	3-4	5	
CK n	10	7	0	0	3	20
(%)	(50)	(35)	(0)	(0)	(15)	57.1
LK n	6	5	2	1	1	15
(%)	(40)	(33.3)	(13.3)	(6.7)	(6.7)	42.9
Total						
n	16	12	2	1	4	35
(%)	45.7	(34.3)	(5.7)	(2.9)	11.4	(100)

In Study I 72.5% of the fathers attended at least one class, in this study only just over half did so (54.3%, 50% CK, 60% LK). Although more LK fathers attended at least one class there was no relationship between total number of classes fathers attended and family type (Tau C = .11, ns).

When asked if they had read any books on pregnancy, birth or parenting during the pregnancy 22.9 percent (15% CK, 33.3% LK) had read at least one book cover to cover. A further 34.3 percent (35% CK, 33.3% LK) had read parts of a book or books and 20 percent (25% CK, 13.3% LK) said that they had flipped through a book. This left 22.9 percent (25% CK, 20% LK) who had not looked at any books.

Some fathers had read magazines such as Parents and Mother and Baby. Only one father (LK) said that he and his wife took a maga-

zine monthly of which he read parts, four CK and two LK fathers had read parts of one or two magazines and a further four CK and two LK fathers had flipped through a magazine. This left almost two thirds (62.9%, 60% CK, 66.7% LK) who had read no magazines.

Fathers overall ratings for their level of involvement in preparations (based on the total number of classes attended and the total amount read) are shown in Table 7.10.

Table 7.10
Ratings for father involvement in preparations by family type

		<u>Level of involvement</u>				Total
		High	Med-high	Med-low	Low	
CK	n	3	2	12	3	20
	%	(15)	(10)	(60)	(15)	(57.1)
LK	n	1	9	4	1	15
	%	(6.7)	(60)	(26.7)	(6.7)	(42.9)
Total	n	4	11	16	4	35
	%	(11.4)	(31.4)	(45.7)	(11.4)	(100)

Tau C = -.33, p <.04

The overall rating for father involvement in preparations (Table 7.10) shows that the majority of fathers (88.5%, 85% CK, 93.4% LK) were making some effort to prepare themselves for the birth and parenthood. But, similar to study I, fathers' preparations were low in comparison to their wives. The relationship between father involvement in preparations and family type was statistically significant indicating that LK fathers were making greater efforts to prepare themselves than were fathers in CK families.

FATHERS AFFECTIVE INVOLVEMENT DURING THE PREGNANCY

The three ratings made for fathers affective involvement during the pregnancy were based on the feelings that fathers expressed either spontaneously or in response to direct questions about:

- i) The pregnancy
- ii) The foetus
- iii) Becoming a father

The ratings for fathers affective involvement in these three areas are shown in Table 7.11.

Table 7.11

Ratings for fathers affective involvement in (i) the pregnancy
(ii)the foetus, (iii) becoming a father by family type

		<u>Level of Involvement</u>				
		High	Med-high	Med-low	Low	Total
<hr/>						
Pregnancy						
CK	n	6	12	2	0	20
	%	(30)	(60)	(10)	(0)	57.1
LK	n	7	6	1	1	15
	%	(46.7)	(40)	(6.7)	(6.7)	42.9

Tau C = -.011, ns

<hr/>						
Foetus						
CK	n	7	8	5	0	20
	%	(30)	(60)	(10)	(0)	57.1
LK	n	3	11	1	0	15
	%	(20)	(73.3)	(6.7)	(0)	(42.9)

Tau C = -0.01, ns

<hr/>						
Becoming a father						
CK	n	10	9	1	0	20
	%	(50)	(45)	(5)	(0)	(57.1)
LK	n	8	4	3	0	15
	%	(53.3)	(26.7)	(20)	(0)	(42.9)

Tau C = +0.04, ns

As in study I the majority of fathers expressed moderate-high to high levels of affective involvement. The relationships between fathers' levels of affective involvement in all three areas and family type were all low and non-significant.

TAKING TIME OFF DURING THE PREGNANCY

Just over a third of the fathers (34.3%; 35% CK, 33.3% LK) took some time off during the pregnancy (for reasons to do with the pregnancy). Only two fathers (both CK) took off five days or more; the rest took between one and three days, there was no relationship between family type and time off taken by the father during the pregnancy.

LABOUR AND BIRTH

Two wives (1 CK, 1 LK) never went into labour and were admitted for caesarian deliveries . On arrival at the hospital their husbands were sent into the waiting room and they did not see their wives again until after the delivery. Of the rest of the wives all but two had their husbands with them during labour, one husband (CK) was sent home by the hospital staff as his wife was in early labour and in the other case the father (LK) did not intend being present during labour.

The proportion of time husbands were with their wives during labour ranged between 29 and 100 percent with all but three fathers there for more than half of the labour (see Table 7.12).

Table 7.12

Proportion (%) of time attendant fathers spent with their wives during labour by family type

		Proportion (%) of time					Total
		25 or less	26-50	51-75	76-90	91+	
CK	n	0	3	5	6	4	18
	%	(0)	(16.7)	(27.8)	(33.3)	(22.2)	58.1
LK	n	0	0	4	7	2	13
	%	(0)	(0)	(30.8)	(53.8)	(15.4)	(41.9)
Total		0	3	9	13	6	31
		(0)	(9.7)	(29)	(41.9)	(19.4)	(100)

There was no significant difference between CK and LK fathers in the proportion of time they spent with their wives during labour (CK \bar{x} = 75.55%, σ = 19.92; LK \bar{x} = 80.15%, σ = 14.08, t = -.05, ns).

As in Study I most of the fathers (77.4%; 77.8% CK, 76.9% LK) were asked to leave the delivery room at some stage by the staff. Of these 62.5 percent (64.3% CK, 60% LK) were given a reason - they were told that their wife was going to be examined. The rest of the fathers were not given a reason. None protested to the staff but eight fathers (4 CK, 4 LK) said that they objected to being asked to leave- they did not protest because they felt that this would cause trouble or bad feeling.

During labour some fathers left the room for a drink, meal, fresh air or to telephone relatives about their wives progress. But similar to the fathers in study I none left the room because they felt faint, sick, upset or unwell. Only one father reported that he felt upset at some stage but he did not leave his wife.

All but one father intended on being at the birth; the exception said that he was going to decide on whether to attend the birth on the day. Almost three quarters (71.4%, 80% CK, 60% LK) attended the birth. Of the remaining ten fathers who were not present five fathers (1 CK, 4 LK) were excluded by the staff because their wives had caesarian deliveries and three (1 CK, 2 LK) were excluded because forceps were going to be used. One father - who was sent home when his wife was admitted - was not informed about the delivery until it was too late, and one father who attended throughout labour changed his mind and left prior to the birth. The father who was going to decide on the day never made that decision as his wife had a caesarian - fathers are routinely excluded from these. Two fathers (both CK) were told to leave during the delivery as forceps were going to be used. In one case the father left but in the other the father protested and stayed. In all other cases the fathers attended the whole of the delivery.

Of the ten fathers who did not attend the delivery nine were in the waiting room and one was driving to the hospital and on arrival was sent into the waiting room. In the latter case the father did not see his baby until one hour after the birth but in the other cases they saw their baby soon after the birth.

TIME WITH WIFE AND BABY AFTER THE DELIVERY

Similar to the fathers in study I the majority of these fathers had little if any time alone with their wife and newborn. There was no relationship between family type and time spent at the hospital after the birth or alone with wives and newborns.

During the immediate post partum period 77.1 percent (65% CK, 93.3% LK) of the fathers held their newborn and one father (CK) touched his baby without holding it. So almost a third more of the LK fathers held their babies just after the birth. The one LK father who did not hold his baby was prevented from doing so by the staff. Of the five CK fathers who did not hold their newborns, two were prevented because their babies were placed in the special care unit and four fathers didn't know that they could hold their babies. Five fathers first held their baby later that day; one the following day, one two days later and one five days later.

Thirteen fathers (37%; 45% CK, 26.7% LK) in this study did not take any time off to attend labour or delivery as their babies were born either at the weekend or at night. There was also one father who was unemployed. This left 21 fathers (60%; 55% CK, 56.7% LK) who took some time off to attend labour and delivery.

VIEWS ON HUSBANDS ATTENDING LABOUR AND DELIVERY

Before the pregnancy 62.9 percent (70% CK, 53.3% LK) of fathers and 62.9 percent (65% CK, 60% LK) of their wives felt that husbands should attend labour and delivery and one father (CK) felt that husbands should attend if their wives want them to. Of the rest one wife (LK) and no fathers were against husbands being present and the remainder had no views. During the pregnancy the number who felt that husbands should attend increased to 82.9 percent (90% CK, 73.3% LK) of the fathers and 94.3% (100% CK, 86.7% LK) of their wives, with a further three fathers (2 CK, 1 LK) saying that husbands should attend if their wives want them to. One wife (LK) was still against husbands being present and the rest had no views.

Just prior to the birth all but one father (LK) and all wives were in favour of husbands being present at the birth. The exception did not know whether men should attend or not.

When fathers were asked if they would be present if they could go through it all again, all but two fathers (1 CK, 1 LK) said that they would. One father who was excluded because his wife had a caesarian said he would not attend, but he would have if it was a normal delivery. The other father said that he didn't know if he could go through it all again - his wife had a forceps delivery which he fought to stay and watch. The father who changed his mind about staying and left had later regretted his decision.

When asked for their views on fathers being at the birth now 94.3 percent (95% CK, 93.3% LK) of the fathers and all of the wives were in favour. One father (CK) said that husbands should be there if their wives wanted them and one father (LK) still didn't know.

DECISION TO ATTEND THE BIRTH

A rating was made of fathers level of involvement in the decision concerning whether he would attend the birth or not. All but four fathers were rated as highly involved (88.6%; 95% CK, 80% LK), in the other cases all were given a medium rating (1 CK, 3 LK). For this area of involvement there was no relationship with family type .

FATHER INVOLVEMENT IN EARLY PARENTHOOD

TAKING TIME OFF

Following the birth all mothers stayed in hospital for a week or so. During that period the majority of the 34 employed fathers (73.5%; 75% CK, 71.4% LK) were at work everyday. The rest took some time off (See Table 7.13).

Table 7.13

Number of days fathers took off whilst their wives were in hospital by family type

		Number of days					Total
		None	1	2	4	5	
CK	n	15	2	1	1	1	20
	%	(75)	(10)	(5)	(5)	(5)	58.8
LK	n	10	2	0	0	2	14
	%	(71.4)	(14.3)	(0)	(0)	(14.3)	41.2
Total							
	n	25	4	1	1	3	34
	%	(73.5)	(11.8)	(2.9)	(2.9)	(8.8)	100

There was no difference between fathers in the two family types for the number of days taken off whilst their wives were in hospital.

Most of the fathers in work took some time off during their wives first week at home (See Table 7.14).

Table 7.14

Number of days fathers took off work during their wives first week home by family type

		<u>Number of days</u>					<u>Total</u>
		<u>None</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>5</u>	
CK	n	2	0	1	2	15	20
	%	(10)	(0)	(5)	(10)	(75)	(58.8)
LK	n	3	1	0	1	9	14
	%	(21.4)	(7.1)	(0)	(7.1)	(64.3)	(41.2)
<u>Total</u>							
	n	5	1	1	3	24	34
	%	(14.7)	(2.9)	(2.9)	(8.8)	(70.6)	(100)

The relationship between number of days taken off and family type was not statistically significant (Tau C = -.12,n.s).

Fifteen fathers (7 CK, 8 LK) also had time off in the following week: 11 (6 CK, 5 LK) had the second week off, one(LK) took two more days and the rest took a further day. Similar to the fathers in study I these fathers took time off either by taking annual leave or by informal arrangement with their employer.

Fathers were asked to give their views on statutory paid paternity leave to attend the birth and during the postpartum weeks. Sixty percent of the fathers (55% CK, 66.7% LK) said that fathers should be allowed to take off as much time as is needed to attend the birth. A further 20 percent (25% CK, 13.3% LK) said that one day should be allowed, four (1 CK, 3 LK) said two days and two (both CK) said three days. Only one father (CK) was not in favour of a statutory scheme.

After the birth 57.1 percent (65% CK, 46.7% LK) said fathers should be allowed to take up to one week; 28.6 percent (20% CK, 40% LK) said two weeks and two fathers (1 CK, 1 LK) said three weeks

or more. Only two fathers (both CK) were not in favour of a scheme and one father (LK) said that he didn't know.

There was no relationship between the amount of time fathers felt that they should have off to attend the birth and family type. But with paternity leave after the birth the relationship just failed to reach statistical significance ($\text{Tau } C = .28 \text{ } p < .08$). This tendency reflects a non-significant bias of LK fathers in favour of longer periods of paid paternity leave in the postpartum period. Perhaps because their wives had little or no support from other relatives. LK fathers were expected to give that help and support.

DECISIONS

(I) Method of feeding

Before the pregnancy 45.7 percent (40% CK, 53.3% LK) of the fathers and 65.7% (60% CK, 73.3% LK) of the mothers were in favour of breast feeding. Only two wives (both CK) and no fathers were in favour of bottle feeding, the remainder reported that they had no views at that time.

During the pregnancy 80 percent (65% CK, 100% LK) of the fathers and 85.7% (85% CK, 86.7% LK) of the mothers favoured breast feeding. The remainder of the fathers (all CK) had no views but the remainder of the mothers favoured bottle feeding.

At the time of interview 42.9 percent of the infants were being breast fed (30% CK, 60% LK) and the rest were being bottle fed. There was a non-significant tendency for LK mothers to be more likely to be breast feeding at the time of interview ($\text{Tau } C = -.29, \text{ } p < .08, \text{ 2 tailed test}$).

Although more infants were being bottle fed at the time of interview most parents still reported a preference for breast feeding. Eighty-three percent (75% CK, 93.3% LK) of the fathers and 77.1 percent (75% CK, 80% LK) of the mothers favouring the breast. Only two fathers (1 CK, 1 LK) and eight wives (22.9%, 25% CK, 20% LK) reported a preference for bottle feeding. The rest of the fathers (all CK) had no views.

There were no differences between the views of the fathers in the two family types prior to the pregnancy. But, during the pregnancy and after LK fathers all expressed a view whereas not all CK fathers did so. Probably because CK wives discussed this with their mother and their husbands were not expected to have a view. For their wives there were no differences in their views throughout the study period, but there was a slight difference in practice in that more LK mothers were breast feeding at the time of interview.

Fathers were rated for their level of involvement in the decision concerning the method of feeding to be adopted. A quarter of the fathers (25.7%; 20% CK, 33.3% LK) were highly involved, 42.9 percent (40% CK, 46.7% LK) were moderately involved and 31.4 percent (40% CK, 20% LK) were not involved. Of the fathers who were given a high rating, all but one father (LK) said that the decision had been made jointly with their wives.

When asked how much influence the husband/father should have on this decision 40 percent (55% CK, 20% LK) of the fathers said that they should have no influence, and another 40 percent (25% CK, 60% LK) said that they should have some influence but less than their wives. Only 17.1 percent of the fathers (15% CK, 20% LK) said that the influence should be shared equally with their wives and one father didn't know. Fathers from LK families felt that they should have more influence in this decision than CK fathers (Tau C = $-.33$ $p < .06$). But similar to the fathers in study I, this is an area where fathers are and feel they should be less involved.

(II) Vaccinations

Before the pregnancy over half of the fathers (54.3%; 55% CK, 53.3% LK) and mothers (57.2%; 55% CK, 60% LK) had no views on vaccinations. Of those that had views at the time, 31.4 percent (35% CK, 26% LK) of the fathers and 34.3 percent (35% CK, 33.3% LK) of the mothers were in favour of all vaccinations, three fathers (1 CK, 2 LK) and one mother (LK) expressed uncertainty about the whooping cough vaccine only and the rest of the parents were against this.

During the pregnancy 31.4 percent of the fathers (30% CK, 33.3% LK) and 34.3 percent (30% CK, 40% LK) of the mothers still had no views on vaccinations. Those in favour of all vaccinations increased to 37.1 percent (40% CK, 33.3% LK) of the fathers; the number of mothers in favour remained the same but the number of CK mothers in favour increased to 40 percent and the number of LK mothers in favour decreased to 26.7 percent.

At this stage a group of couples emerged where both father and mother expressed concern about the whooping cough vaccine: 22.9% (20% CK, 26.4% LK) of these couples were uncertain about this vaccine and three couples (2 CK, 1 LK) were against it.

At the time of interview, one child had been vaccinated on the day of the interview and the rest of the fathers said that they intended to have their child vaccinated. But 20 percent (15% CK, 26.7% LK) of the fathers and 22.9 percent (20% CK, 26.7% LK) of the mothers were still uncertain about the whooping cough vaccine, and five couples (4 CK, 1LK) were now against their child having this vaccine.

Fathers were rated for their level of involvement in the decision concerning vaccinations. Nearly three quarters of the fathers (71.4%; 60% CK, 86.7% LK) were highly involved, 20 percent (30% CK, 6.7% LK) were moderately involved and three fathers (2 CK, 1 LK) were not involved. All of the fathers who were given a high rating reported that the decision was made jointly with their wives.

The majority of the fathers (71.4%; 65% CK, 80% LK) felt that the decision concerning vaccinations should be a joint one. One fathers (LK) felt that he should have more influence than his wife, five fathers (4 CK, 1 LK) felt that they should have some influence but less than their wives and four fathers (3 CK, 1 LK) felt that they should have no influence. So, LK fathers felt that they should have more influence in this area than did CK fathers (Tau C = .25 $p < .05$).

The relationship between father involvement in the decision concerning feeding method and family type just failed to reach signi-

ficance($p < .05$). But the relationship with the decision concerning vaccinations was significant($p < .05$). In both cases the tendency was for LK fathers to be more highly involved.

CONTACT WITH SERVICES

Fathers were asked about their involvement in taking their child to the local child health clinic or to the GP. A rating of fathers involvement in postnatal services was made on the basis of the actual number of times the father took his child to a service. The ratings are shown in Table 7.15.

Table 7.15

Father involvement in postnatal services by family type

		<u>Level of involvement</u>			Total
		High(3 or more visits)	Medium (1-2 visits)	Low (no visits)	
CK	n	1	8	11	20
	%	(5)	(40)	(55)	(57.1)
LK	n	4	7	4	15
	%	(26.7)	(46.7)	(26.7)	(42.9)
Total	n	5	15	15	35
	%	(14.3)	(42.9)	(42.9)	(100)

Tau c = -.36, $p < .04$

As expected LK fathers were more likely to take their child to a service than CK fathers. The relationship between family type and father involvement in services was statistically significant.

These findings support the hypothesis that LK fathers would be more involved than CK fathers . So, were wives in CK families being accompanied by their other relatives to the child health clinic or the GP in the same way that they were accompanied to the antenatal clinic?

To test this hypothesis wives were asked if they had been accompanied to the child health clinic or GP. with anyone else other

than their husband. Sixteen wives (9 CK, 7 LK) had been accompanied by a relative and there was no significant relationship with family type (Tau C = .02, ns). Of those that had been accompanied by another relative nine wives (7 CK, 2 LK) mentioned their own mother and two LK wives mentioned their mother in law. One LK wife mentioned her father-in-law, three wives (1 CK, 2 LK) mentioned a sibling and one CK wife mentioned an Aunt. The number of times wives were accompanied by a relative to a postnatal service was rated in the same way as for father involvement. Table 7.16 shows that the relationship between relatives involvement in postnatal services and family type is not statistically significant (Tau C = .07, ns) even though 25 percent of CK compared to 6.7 percent of LK wives' relatives received a high rating.

Table 7.16
Relatives involvement in postnatal services by family type

		Level of involvement			Total
		High	Med	Low	
CK	n	5	4	11	20
	%	(25)	(20)	(55)	(57.1)
LK	n	1	6	8	15
	%	(6.7)	(40)	(53.3)	(42.9)
Total	n	6	10	19	35
	%	17.1	28.6	54.3	(42.9)

Contrary to expectation, there was no relationship between relatives involvement in postnatal services and family type.

TIME SPENT WITH CHILD EACH DAY

An assessment was made of how much time fathers had spent with their children when they were awake in the last working day. This ranged between 1 and 11 hours (\bar{x} = 4.4 hours, σ = 1.7) with 71.4 percent reporting between three and five hours, usually in the evening. Yesterday was a typical day for 85.7 percent, one father (CK) said he usually had more time and four fathers (2 CK, 2 LK)

usually had less. There was no significant difference between CK and LK fathers for the amount of time they spent with their child (CK \bar{x} = 4.1 hours, σ = 1.3; LK \bar{x} = 4.9 hours, σ = 2.1, t = -1.4, df = 33, ns).

CHILD CARE

Fathers involvement in the child care tasks are summarized in Table 7.17. All fathers reported that the amount of childcare they had done in the last week was typical of the last month. The correlations between the ten child care tasks and family type are shown in Table 7.18 along with the mean involvement ratings for each task for all fathers and for CK and LK fathers separately.

Table 7.17

Father involvement in 10 child care tasks and play by family type

Task	Family type		How much of each task father has done in last week in the time that he is home					n
			None(0)	Some(1)	Half(2)	Most(3)	All(4)	
Play	CK	n	0	1	12	4	3	20
		(%)	(0)	(5)	(60)	(20)	(15)	(57.1)
	LK	n	0	8	7	0	0	15
		(%)	(0)	(53.3)	(46.7)	(0)	(0)	(42.9)
Walking crying child around	CK	n	0	5	9	4	2	20
		(%)	(0)	(25)	(45)	(20)	(10)	(57.1)
	LK	n	1	8	6	0	0	15
		(%)	(6.7)	(53.3)	(40)	(0)	(0)	(42.9)
Wet nappies	CK	n	12	6	1	1	0	20
		(%)	(60)	(30)	(5)	(5)	(0)	(57.1)
	LK	n	5	10	0	0	0	15
		(%)	(33.3)	(66.7)	(0)	(0)	(0)	(42.9)
Dirty nappies	CK	n	12	5	2	1	0	20
		(%)	(60)	(25)	(10)	(5)	(0)	(57.1)
	LK	n	7	8	0	0	0	15
		(%)	(46.7)	(53.3)	(0)	(0)	(0)	(42.9)
Bathing	CK	n	14	2	2	1	1	20
		(%)	(70)	(10)	(10)	(5)	(5)	(57.1)
	LK	n	9	3	2	0	1	15
		(%)	(60)	(20)	(13.3)	(0)	(6.7)	(42.9)
Dressing/ changing	CK	n	5	14	0	1	0	20
		(%)	(25)	(70)	(0)	(5)	(0)	(57.1)
	LK	n	3	10	1	1	0	15
		(%)	(20)	(66.7)	(6.7)	(6.7)	(0)	(42.9)
Prepare baby's meals	CK	n	0	7	4	1	2	14
		(%)	(0)	(50)	(28.6)	(7.1)	(14.3)	(66.7)
	LK	n	0	1	4	1	1	7
		(%)	(0)	(14.3)	(57.1)	(14.3)	(14.3)	(33.3)
Feeding - Day (6 am.-00.00)	CK	n	1	7	5	0	1	14
		(%)	(7.1)	(50)	(35.7)	(0)	(7.1)	(70)
	LK	n	0	4	1	1	0	6
		(%)	(0)	(66.7)	(16.7)	(16.7)	(0)	(30)
Feeding-Night (00.00-6am)	CK	n	4	6	0	0	0	10
		(%)	(40)	(60)	(0)	(0)	(0)	(76.9)
	LK	n	1	1	1	0	0	3
		(%)	(33.3)	(33.3)	(33.3)	(0)	(0)	(23.1)
Give juice	CK	n	2	8	4	0	0	14
		(%)	(14.3)	(57.1)	(28.6)	(0)	(0)	(66.7)
	LK	n	1	5	1	0	0	7
		(%)	(14.3)	(71.4)	(14.3)	(0)	(0)	(33.3)
Seeing at night	CK	n	5	6	3	0	2	16
		(%)	(31.3)	(37.5)	(18.8)	(0)	(12.5)	(59.3)
	LK	n	3	4	4	0	0	11
		(%)	(27.3)	(36.4)	(36.4)	(0)	(0)	(40.7)

Table 7.17 shows only one statistically significant relationship between family type and childcare tasks (excluding Play) - that is with walking crying baby around. Against expectation CK fathers were more involved in this activity than LK fathers (Tau C = -.47, $p < .01$). But one would expect this result on the basis of chance. For all other child care tasks the relationships were low and non-significant.

The order of the means for the child care tasks was similar for both CK and LK fathers (Spearman's $r = .88$, $p < .01$, 2 tailed test). That is CK fathers and LK fathers were more highly involved and least involved in the same tasks.

Table 7.18
Correlations (Tau C) between family type and involvement in 10
child care tasks and play, and mean involvement ratings *

Task	Correlation with family type	<u>Mean involvement ratings</u>		
		\bar{x}	\bar{x}	\bar{x}
		all fathers	CK fathers	LK fathers
Play	-.63***	2.03	2.45	1.46
Walking	-.47****	1.80	2.15	1.33
Wet Nappies	.19	.60	.55	.67
Dirty Nappies	.05	.49	.60	.53
Bathing	.08	.69	.65	.73
Dressing	.10	.91	.85	1.00
Prepare Meals	.27	2.00	1.86	2.29
Feed Day	-.01	1.50	1.50	1.50
Feed Night	.19	.69	.6	1.00
Give Juice	.11	1.10	1.14	1.00
Seeing to child at night	.02	1.19	1.25	1.01

*** $p < .01$ **** $p < .001$

Fathers were rated for their overall level of involvement in child care (see Table 7.19).

* Based on a rating scale of 0(None) to 4(All)

Table 7.19Father involvement in childcare (Overall Rating) by family type

		<u>Level of Involvement</u>			Total
		High	Medium	Low	
CK	n	2	8	10	20
	%	(10)	(40)	(50)	(57.1)
LK	n	0	9	6	15
	%	(0)	(60)	(40)	(42.9)
Total		2	17	16	
		(5.7)	(48.6)	(45.7)	

Tau C = -.04, ns

Only two fathers were sharing the child care equally with their wives in the time that they were home. Against expectation both of these fathers were from close-knit families. Overall LK fathers were slightly more involved in child care but there was no statistically significant relationship with family type.

Fathers were asked to judge in what way they were involved in child care tasks. Four options were shown on a sheet.

1. Will never help
2. Will help only rarely/in emergencies
3. Will help but usually only when asked
4. Will help as a matter of course.

Sixty percent of the fathers (70% CK, 46.7% LK) indicated that they helped as a matter of course, a further 34.3 percent (30% CK, 40% LK) said they helped when their wives asked them. This left one father who said that he only helped rarely and one who said he never helped. Both of these fathers were from LK families. So

fathers from CK families were found to judge themselves as more likely to help as a matter of course - a finding which is contrary to expectation. However, the relationship was not statistically significant.

When asked if the amount of child care they did was "about right, not enough or too much", 60 percent (65% CK, 53.3% LK) said about right. Of the remainder, all but one father said that they did not do enough. The exception was a LK father who felt he did too much. In study I fathers views on the amount they did was found to correlate with their level of involvement. In this second study the relationship just failed to reach significance (Tau C = .26, $p < .09$).

Wives were asked who gave them most help with child care. All of the LK wives nominated their husbands, but only 75 percent of the CK wives did so. The rest nominated their own mothers. When asked if anyone else helped with childcare a further nine CK and three LK wives mentioned their own mother, four CK and one LK wife mentioned their mother-in-law, and three CK wives mentioned other female relatives and three CK who had said that their mothers helped them most also said their husbands helped them.

Fourteen CK wives compared to three LK wives were receiving help from their own mothers. Eight of the CK wives were receiving this help at least five days a week and the rest were being helped at least weekly. The three LK wives were at the most receiving help once every two weeks from their mothers. Similar to previous studies it was found that wives in CK families receive considerably more help from their own mothers; these wives also received help from other female relatives. But this help does not seem to affect father involvement in childcare.

The majority of the wives (85.7%, 90% CK, 80% LK) said that the amount of help they received with childcare was 'about right'. Only five (2 CK, 3 LK) were dissatisfied; these and a further three (2 CK, 1 LK) satisfied wives said that they would like more help from their husbands.

TAKING SOLE RESPONSIBILITY

Over three-quarters of the fathers (77.1%) had spent some time taking sole responsibility for their baby. More LK fathers had done so (65% CK, 93.3% LK) but the relationship just failed to reach statistical significance ($\text{Tau } C = .28, p < .06$). The actual number of times fathers had been left with their infant is shown in Table 7.20. There was no significant relationship with family type ($\text{Tau } C = .18, ns$) even when fathers who had never taken sole responsibility were excluded ($\text{Tau } C = .09, ns$).

Table 7.20

Actual number of times father had been left alone with infant by family type

		<u>Number of times</u>					Total
		Never	1-2	3-4	5-7	8+	
CK	n	7	5	7	3	0	20
	%	(35)	(25)	(35)	(15)	(0)	(57.1)
LK	n	1	8	2	1	3	15
	%	(6.7)	(53.3)	(13.3)	(6.7)	(20)	(42.9)
Total	n	8	13	9	4	3	35
	%	(22.8)	(37.1)	(25.7)	(11.4)	(8.6)	(100)

Wives were asked if they had left their baby with anyone else apart from their husband. All of the CK wives and all but four of the LK wives had done so. But CK wives left their baby with a relative significantly more frequently than did LK wives (see Table 7.21), probably because CK wives tend to live geographically closer to their relatives.

Table 7.21

Number of times baby left with relative by family type

		Number of times					Total
		Never	1.2	3.4	5.7	8+	
CK	n	0	9	4	1	6	20
	%	(0)	(45)	(20)	(5)	(30)	(57.1)
LK	n	4	6	3	2	0	15
	%	26.7	(40)	(20)	(13.3)	(0)	(42.9)
Total	n	4	15	7	3	6	35
	%	(11.4)	(42.9)	(20)	(8.6)	17.1	(100)

(Tau C = -.37, $p < .03$)

Eighty percent of the CK wives reported that they usually left their baby with their mother; two mentioned their mother-in-law and two their aunts. Only three LK wives mentioned their mothers as the relative they usually left their baby with, a third (33.3%) said it was their mother-in-law and one each said a sister, an aunt and a friend.

Half of the CK wives mentioned a second person with whom they left their baby. Two gave their mothers, five their mothers-in-law, one a sister and two mentioned friends. Only four LK wives mentioned a second person. Two gave their mothers, one their mother-in-law and one mentioned a friend. Only three CK and two LK wives mentioned a third person. One CK wife mentioned her mother and the other two gave friends. One LK wife mentioned her mother and the other her mother-in-law. All but one of the CK wives had left their baby at some time with their own mother compared with only six of the LK wives. Also, CK wives had more relatives than LK wives with whom they left their baby. CK wives left their babies with relatives more frequently than they left them with their husbands (Tau C = .36, $p < .025$) but this was not true of LK wives.

HOUSEWORK

Fathers involvement in ten housework tasks is summarised in Table 7.22. All fathers reported that the amount of housework they had done in the last week was typical of the last month. The correlations between the 10 housework tasks and family type are shown in Table 7.23 along with the mean involvement *rating* for each task for all fathers and CK and LK fathers separately.

Table 7.22

Fathers involvement in 10 household tasks by family type

Task	Family type		How much of each task father had done in last week in the time that he was home					n(%)
			None(0)	Some(1)	Half(2)	Most(3)	All(4)	
Shopping	CK	n	3	4	7	4	2	20
		(%)	(15)	(20)	(35)	(20)	(10)	(57.1)
	LK	n	1	4	6	1	3	15
		(%)	(6.7)	(26.7)	(40)	(6.7)	(20)	(42.9)
Cooking main meals	CK	n	14	4	1	0	1	20
		(%)	(7)	(20)	(5)	(0)	(5)	(57.1)
	LK	n	5	8	2	0	0	15
		(%)	(33.3)	(53.3)	(13.3)	(0)	(0)	(42.9)
Prepare/cook other meals	CK	n	6	11	2	0	1	20
		(%)	(30)	(55)	10	(0)	5	(62.5)
	LK	n	3	4	4	1	0	12
		(%)	(25)	(33.3)	(33.3)	(8.3)	(0)	(37.5)
Washing Up/drying dishes	CK	n	6	4	5	3	2	20
		(%)	(30)	(20)	(25)	(15)	(10)	(57.1)
	LK	n	3	3	7	1	1	15
		(%)	(20)	(20)	(46.7)	(6.1)	(6.7)	(42.9)
Washing clothes	CK	n	16	4	0	0	0	20
		(%)	(80)	(20)	(0)	(0)	(0)	(57.1)
	LK	n	10	3	2	0	0	15
		(%)	(66.7)	(20)	(13.3)	(0)	(0)	(42.9)
Ironing	CK	n	19	1	0	0	0	20
		(%)	(95)	(5)	(0)	(0)	(0)	(42.9)
	LK	n	13	2	0	0	0	15
		(%)	(86.7)	(13.3)	(0)	(0)	(0)	(42.9)
Sewing	CK	n	18	0	1	0	0	19
		(%)	(94.7)	(0)	(5.3)	(0)	(0)	(55.9)
	LK	n	14	1	0	0	0	15
		(%)	(93.3)	(6.7)	(0)	(0)	(0)	(44.1)
Dusting/vacuuming	CK	n	6	7	5	2	0	20
		(%)	(30)	(35)	(25)	(10)	(0)	(57.1)
	LK	n	5	6	2	2	0	15
		(%)	(33.3)	(40)	(13.3)	(13.3)	(0)	(42.9)
Cleaning bathroom	CK	n	10	7	1	1	1	20
		(%)	(50)	(35)	(5)	(5)	(5)	(57.1)
	LK	n	6	1	4	2	2	15
		(%)	(40)	(6.7)	(26.7)	(13.3)	(13.3)	(42.9)
Cleaning kitchen	CK	n	10	7	2	1	0	20
		(%)	(50)	(35)	(10)	(5)	(0)	(57.1)
	LK	n	5	4	4	1	1	15
		(%)	(33.3)	(26.7)	(26.7)	(6.7)	(6.7)	(42.9)

Table 7.23

(1) Correlations (Tau C) between family type and involvement in housework tasks, and (2) mean involvement ratings*

Task	(1)	(2)		
	Correlations	Mean ratings		
	with family type	\bar{x} all fathers	\bar{x} CK fathers	\bar{x} LK fathers
Shopping	.05	1.97	1.90	2.13
Cooking main meals	.33*	0.63	0.5	0.8
Cooking other meals	.20	1.06	0.95	1.25
Washing Up	.04	1.57	1.55	1.60
Washing Clothes	.16	0.31	0.2	0.47
Ironing	.08	0.09	0.05	0.13
Sewing	.01	0.09	0.11	0.07
Dusting/vacuum	-.06	1.11	1.15	1.07
Clean bathroom	.26	1.11	1.07	1.53
Clean kitchen	.26	0.94	0.7	1.26

* $p < .05$

Only one statistically significant relationship between family type and housework tasks was found, that is with cooking main meals: LK fathers were more involved in this task than CK fathers. LK fathers were also more involved in cleaning the bathroom and kitchen but these relationships just failed to reach statistical significance ($p < .08$).

For all other housework tasks the correlations with family type were low and non significant.

The mean involvement ratings for all fathers show a hierarchy of involvement with most fathers involved in shopping, washing up, preparing other meals and dusting and vacuuming, about half were involved in cooking main meals, cleaning the bathroom and kitchen and very few fathers doing the washing, ironing or sewing. Eight out of ten of the LK fathers mean involvement ratings were higher than the CK fathers scores but both CK and LK fathers were more

* Based on a rating scale of 0(None) to 4(All)

involved and least involved in the same tasks ($r = .98, p < .001$, 2 tailed test).

Fathers were rated for their overall level of involvement in housework (see Table 7.24)

Table 7.24
Father involvement in housework (Overall Rating) by family type

		<u>Level of involvement</u>			Total
		High	Med	Low	
CK	n	0	5	15	20
	(%)	(0)	(25)	(75)	57.1
LK	n	0	10	5	15
	(%)	(0)	(66.7)	(33.3)	42.9
Total	n	0	15	20	35
	(%)	(0)	(42.9)	(57.1)	(100)

Tau C = .41, $p < .008$

None of the fathers were sharing the housework equally with their wives in the time that they were home. As expected fathers from LK families were more involved in housework than CK fathers and the relationship between family type and housework was statistically significant.

When asked if the amount of housework they did was "about right", "not enough", or "too much", 60 percent (50% CK, 73.3% LK) said "about right", 37.1 percent (45% CK, 26.7% LK) said "not enough" and one CK father said "too much". The relationship between the amount of housework fathers did and their views on whether they did enough or not enough just failed to reach statistical significance (Tau C = .29, $p < .08$). Indeed half of the low involved fathers felt that they were doing enough.

Wives were asked who gave them most help with housework. Of the

CK wives 70% nominated their husbands, three nominated their mothers, one her mother-in-law, leaving two wives who said that they received no help. All but two of the LK wives nominated their husbands, one wife said her sister gave her most help and one wife received no help.

When asked if anyone else helped with housework, seven CK wives mentioned their mothers; compared to only two of the LK wives. A further four CK wives also mentioned other female relatives. Of the four CK wives who did not nominate their husbands as giving most help, two said that they did receive some help from them, also the LK wife who received most help from her sister reported that her husband did some housework. All CK wives were receiving help at least once a week from relatives but only the LK wife whose sister helped with housework received help once a week; the other two LK wives reported that their mothers gave them some help about once every two weeks.

Almost three quarters of the wives (71.4%, 70% CK, 73.3% LK) said that the amount of help they received with housework was about right. The rest felt that they did not receive enough help. Eight wives (4 CK, 4 LK) said that they would like more help and all felt that it should be their husband that gives it.

Wives from CK families were receiving considerably more help from their mothers and other female relatives than were LK wives and they received significantly less help than LK wives from their husbands.

The relationship between family type and father/husband involvement in childcare and housework found in previous studies was only found to exist for housework in this study.

HOLDING, COMFORTING AND SHOWING AFFECTION

All but four fathers (1 CK, 3 LK) spent some time each day just holding their baby -the other four said that they did this most days. With one exception all fathers said that they enjoyed holding and cuddling their babies. The other father (LK) was uncertain about how he felt about this. When asked if they

thought that their baby enjoyed being held and cuddled by them only one father said no and one didn't know (both LK). When the baby was crying or distressed just over half of the fathers (54.3%; 60% CK, 46.7% LK) said that their wives usually attended to the baby; only two fathers (1 CK, 1 LK) said that they usually went and the rest said that this was a shared task. On these occasions almost half of the fathers (48.6%; 50% CK, 46.7% LK) said that their infant did not respond differently to them or their wives. Four fathers (1 CK, 3 LK) said that the baby was more comforted by them, one father didn't know and the rest said that the baby was more comforted by its mother.

Most fathers (80% CK, 80% LK) said that they found showing affection easy, the rest said that they had some difficulty. When asked how easy or difficult they found showing affection towards their own baby, all but three said they found it easy.

Fathers were given an overall rating for their level of involvement in holding and comforting and showing affection (see Table 7.25).

Table 7.25

Ratings for father involvement in holding, comforing and showing affection by family type

		<u>Level of Involvement</u>			<u>Total</u>
		<u>High</u>	<u>Med</u>	<u>Low</u>	
CK	n	10	10	0	20
	%	(50)	(50)	(0)	(57.1)
LK	n	8	5	3	15
	%	(53.3)	(33.3)	(13.3)	(42.9)
Total	n	18	15	2	35
	%	(51.4)	(42.9)	(5.7)	(100)

Tau C = -.04, ns

There was no relationship between family type and father involvement for this component.

PLAY

All fathers spent some time playing with their child each day. The share of play activity they took during the previous week is shown in Table 7.17. Three quarters of the fathers (74.3%) were either sharing play activity equally with or doing more than their wives in the time that they were home. When compared with child care tasks (Table 7.18) we can see that play is the activity in which fathers are most involved.

Table 7.18 also shows a statistically significant relationship between play and family type. Against expectation CK fathers were taking a greater share of this activity ($\text{Tau } C = -.63, p < .001$).

On average fathers spent just over one hour and twenty minutes playing with their babies each day. But, even though CK fathers were taking a greater share in play activity they were not playing with the infant for a greater period of time than LK fathers (CK $\bar{x} = 86.5$ mins, $s = 60.7$ mins; LK $\bar{x} = 85$ mins, $s = 68.9$ mins, $t = .07, ns$). Fathers were given a rating for their involvement in play (see Table 7.26).

Table 7.26

Ratings for father Involvement in play by family type

		<u>Level of involvement</u>			Total
		High	Med	Low	
CK	n	12	8	0	20
	%	(60)	(40)	(0)	(57.1)
LK	n	10	4	1	15
	%	(66.7)	(26.7)	(6.7)	(42.9)
Total	n	22	12	1	35
	%	(62.9)	(34.3)	(2.9)	(100)

Tau C = -.03, ns

There is no relationship between family type and fathers overall involvement in play.

FATHERS POSTPARTUM AFFECTIVE INVOLVEMENT

Two ratings of father's affective involvement in the postpartum period were made. These were based on feelings that fathers expressed either spontaneously or in response to direct questions about

- (i) the child
- (ii) being a father

The ratings for fathers affective involvement with their child are shown in Table 7.27 and for being a father in Table 7.28.

Table 7.27

Ratings for fathers affective involvement with their child by family type

		<u>Level of Involvement</u>				Total
		High	Med-high	Med-low	Low	
CK	n	15	5	0	0	20
	%	(75)	(25)	(0)	(0)	(57.1)
LK	n	10	4	1		15
	%	(66.7)	(26.7)	(6.7)	(0)	(42.9)
Total	n	25	9	1	0	35
	%	(71.4)	(25.7)	(2.9)	(0)	(100)

Tau C = .09, ns

Table 7.28

Ratings for fathers affective involvement in being a father by family type

		<u>Level of Involvement</u>				Total
		High	Med-high	Med-low	Low	
CK	n	15	5	0	0	20
	%	(75)	(25)	(0)	(0)	(57.1)
LK	n	9	6	0	0	15
	%	(60)	(40)	(0)	(0)	(42.9)
Total	n	24	11	0	0	35
	%	(68.6)	(31.4)	(0)	(0)	(100)

Tau C = .14, ns

As with the fathers in study I these fathers reported high levels of affective involvement with their child and about being a father. Fathers from CK families reported slightly higher levels

of involvement but the relationships between family type and levels of involvement in these two components were not significant.

Finally, fathers were asked to indicate how well they were coping on a five point scale running from "Extremely easily" to "With extreme difficulty". Fathers responses are shown in Table 7.29. Only one father was experiencing a bit of difficulty with the rest coping fairly or extremely easily. There was also no relationship between coping and family type.

Table 7.29
How well fathers were coping with parenthood at 2-3 months post partum by family type

		Extremely easily	Fairly easily	With a bit of difficulty
CK	n	5	15	0
	%	(25)	(75)	0
LK	n	4	10	1
	%	(26.7)	(66.7)	6.7
Total	n	9	25	1
	%	(25.7)	(71.4)	(2.9)

SUMMARY

This second study examined the relationship between family network connectedness and father involvement in pregnancy, birth and early parenthood for 35 first-time fathers. It was hypothesised that there would be a relationship between these variables and that the direction of the relationship would show fathers from loose-knit families to be significantly more involved than fathers from close-knit families. This hypothesis was tested by the data. For most of the components of involvement the two

groups of fathers were compared on their ratings of involvement these are summarised in Table 7.31.

DECISION MAKING

For the decisions concerning 1) having a child, 2) the time to start a family, and 3) whether to attend the birth or not, the relationship between father involvement and family type was non significant. For the decision concerning the method of feeding to be adopted there was a non-significant tendency in the expected direction. Fathers from loose-knit families also felt that they should have more influence in this decision than did fathers from close knit families ($p < .06$). The only decision making area to show a significant relationship in the expected direction was that concerning vaccinations. Similar to fathers influence over feeding method, fathers from loose-knit families reported that they felt that they should have more influence in this decision than did fathers from close-knit families ($p < .05$).

Similar to study I a summary rating for fathers involvement in decision making was made (see Table 7.30). The relationship between family type and fathers overall involvement in decision making was in the expected direction but just failed to reach statistical significance.

Table 7.30

Summary rating of father's involvement in decision making by family type

		<u>Level of Involvement</u>			Total
		High	Med	Low	
CK	n	8	11	0	19
	%	(42.1)	(57.9)	(0)	59.4
LK	n	9	4	0	13
	%	69.2	(30.8)	(0)	40.6
Total	n	17	15		32
	%	(53.1)	(46.9)		(100)

Tau C = -.26, p < .07

ANTENATAL CARE

Wives from loose-knit families were accompanied to the antenatal clinic more frequently by their husbands than were wives in close-knit families; whereas close-knit wives were accompanied more frequently by a relative. The former relationship between family type and father involvement was in the expected direction but just failed to reach statistical significance. The latter relationship was also in the expected direction and was highly significant.

POSTNATAL SERVICES

As expected loose-knit fathers were significantly more involved in postnatal services than were close-knit fathers. However, the relationship between family type and relatives involvement in postnatal services was non significant even though 25 percent of close-knit wives compared to 6.7 percent of loose-knit wives, relatives received a high rating.

PREPARATIONS

- (i) There were no difference between the two groups of fathers in terms of their previous experience with children and in child care.
- (ii) For fathers' overall involvement in preparations before the birth there was a significant relationship with family type in the expected direction.

LABOUR AND DELIVERY

- (i) Fathers in study II reported similar experiences and levels of involvement during labour and delivery as fathers in study I. There were also no differences between close-knit and loose-knit fathers for this area except that more loose-knit fathers were excluded from the birth by the medical staff for caesarian or forceps deliveries.
- (ii) There were no differences between the fathers for the amount of time they took off work during the pregnancy, for the birth or after the birth.
- (iii) When asked about their view on attending the birth there were no differences.
- (iv) When asked about their views on statutory paternity leave there were no differences between fathers on the amount of time fathers should be given to attend the birth but loose-knit fathers were in favour of more time off after the birth.

CHILD CARE

Information was collected on the division of child care. For the overall rating there was no relationship between family type and father involvement. Out of the ten child care tasks which make up the rating there was only one significant relationship and that was in the opposite direction to that expected. When wives were asked who gave them most help with child care all loose-knit wives said it was their husband but only 75 percent of close knit wives did so - the remaining 25 percent said it was their mother.

Overall 14 close-knit wives were receiving regular help (at least weekly) from their mothers with childcare, but only three loose-knit wives were and only once every two weeks at the most. Close-knit wives also received more help than loose-knit wives from other female relatives.

So the high levels of involvement in child care by relatives in close-knit families found in previous studies was also found in this study. But contrary to previous findings and expectation this extra help that close-knit wives receive does not seem to affect a fathers level of involvement.

TAKING SOLE RESPONSIBILITY

Over three-quarters of the fathers had taken sole responsibility for their child at some time. But there was no relationship between family type and number of times the father had taken sole responsibility. However there was a statistically significant relationship between family type and the number of times wives left their babies with relatives. Close-knit wives left their babies with more relatives, more frequently than had loose-knit wives. Close-knit wives also left their babies with relatives significantly more frequently than with their husband-this was not true for loose-knit wives. This could be due to geographical proximity.

HOUSEWORK

Information was gathered on the division of housework tasks. Overall father/husband involvement in housework was low - indeed no fathers were sharing the housework equally with their wives in the time that they were home 42.9 percent were given a medium ratings and 57.1 percent a low rating. For some tasks father/husband involvement was virtually non-existent (eg. ironing and sewing and mending).

For this component there was a statistically significant relationship between father involvement and family type in the expected direction. The main areas where fathers differed were in cooking, cleaning the bathroom and cleaning the kitchen. Overall, loose-knit fathers had higher mean involvement scores for eight out of the ten housework tasks.

Similar to the finding in child care tasks, close-knit wives reported that they received considerably more help from their mothers and other female relatives with housework than did loose-knit wives.

HOLDING AND COMFORTING

No relationship between family type and father involvement was found for this component.

PLAY

Three-quarters of the fathers were either sharing play activity equally with or doing more than their wives in the time that they were at home. There was a statistically significant relationship between family type and fathers share of play activity. But for the total amount of time spent in play each day there was no difference between close-knit and loose-knit fathers. For the overall rating for play there was no relationship with family type.

AFFECTIVE INVOLVEMENT

Fathers were rated for their level of affective involvement in five areas. There were no significant relationships between family type and father involvement for any of these affective components.

CONCLUSION

This study found support for the hypothesis in certain areas but not in others (see Table 7.31). The areas (components) in which the hypothesis was supported were; 1) the decision concerning vaccinations, 2) preparations, 3) postnatal services, and 4) housework. Further support for the hypothesis was found in a number of other areas where the relationships just failed to reach statistical significance. These were, 1) the decision concerning feeding method, 2) overall decision making, 3) antenatal care. This is far more than was found for the other factors investigated and more than would be expected on the basis of chance. But for the remaining areas the hypothesis was not supported and for these the variation in father involvement remains unexplained.

It was also found that wives in close knit-families received considerably more help from their relatives - particularly their mothers, than wives in loose-knit families. This help and support was not only with child care and housework - as reported in previous studies - but also with services such as attendance at antenatal clinics.

All of the significant relationships and non-significant tendencies between family type and father involvement were for objective components (events and activities). The relationship between family type and the remaining objective components and the five affective components (feeling and emotions) were low and non-significant, but none were in the opposite direction to that expected.

Table 7.31Relationships (Tau C) between family type and the components of involvement

Component	Tau C	Significance (1 tailed test)
<u>Decision making</u>		
Child	-.12	ns
Time to start	-.004	ns
Birth	.14	ns
Feeding	-.24	p <.09
Vaccinations	-.25	p <.05
OVERALL	-.26	p <.07
Antenatal care	-.24	p <.09
Postnatal services	-.36	p <.04
Preparations	-.33	p <.04
Child care	-.04	ns
Housework	-.41	p <.008
Holding and Comforting	-.03	ns
Play	-.04	ns
<u>Affective involvement</u>		
Pregnancy	-.11	ns
Foetus	-.01	ns
Becoming a father	.04	ns
Child	.09	ns
Being a father	.14	ns

CHAPTER 8

DISCUSSION

The research described in this thesis has been concerned with the nature and extent of father involvement during pregnancy, birth and early parenthood. The aims were (1) to identify and describe in detail father involvement at this time; (2) to examine the relationship between the various components of involvement, and (3) to assess the relationship between father involvement and certain factors which may affect their level of involvement. In this concluding chapter an attempt will be made to draw a profile of father involvement during the child bearing year, discuss the effects of the factors investigated on levels of involvement and the implications of the findings for social policy and future research.

A PROFILE OF FATHER INVOLVEMENT IN PREGNANCY, BIRTH AND EARLY PARENTHOOD

This profile is based on the findings of the two studies reported in this thesis. The first study provides a detailed factual account of 40 first-time fathers' involvement in pregnancy, birth and early parenthood. The study was primarily concerned with fathers' reported practices and not their attitudes or ideologies. The methods used were specifically designed to get beyond fathers' attitudes to what actually happened (Brown and Rutter, 1966). Data were collected separately on fathers' involvement in events and activities during a recent period of time, and on their expressed feelings and emotions. The information was obtained directly from fathers using an interview method of proven reliability and validity. The validity of the objective measures used were established by comparing accounts of ten fathers with those of their wives in a pilot study. The reliability of the subjective measures used were established through a comparison of independent ratings made by two interviewers for ten fathers. The levels of involvement found in study I were replicated in study II. The percentages for the ratings for each component of involvement were not identical in both studies, so the figures

reported throughout the profile will be approximations based on the two studies.

Whether and when to have a child were two decisions which nearly all fathers jointly took with their wives. Only a small minority took no part in these decisions. Fathers were also highly involved in the decision concerning whether to attend the birth or not. Over half took this decision jointly with their wives, but about one-third took this decision alone. The rest discussed this issue with their wives and left the final decision to her.

For the decisions concerning what method of feeding to adopt and whether their child should be vaccinated, fathers showed greater variation in their levels of involvement. About three-quarters of the fathers discussed methods of feeding and vaccination with their wives, but fewer took part in the final decisions. For the method of feeding to be adopted, only one-third were highly involved, but for vaccinations two-thirds took part. The rest of the fathers left the final decision to their wives.

It could be suggested that fathers are more highly involved in areas where they feel they have a legitimate interest. Having a child involves taking on new responsibilities, extra costs, loss of their wife's income and many other considerations. These directly concern the male partner, as in most cases he will become the sole provider for the family. Whether to attend the birth or not is a decision which also directly concerns the father: he cannot be forced to attend, he is given a choice. The decision concerning vaccinations and feeding method are much more likely to be seen as a woman's domain. Only women can breast-feed, and it is the mother who usually takes the child to the clinic. But the controversial issues currently surrounding the use of the whooping cough vaccine may have brought more fathers into this decision area.

Throughout their pregnancies, all wives received antenatal care from a local hospital and, during the middle months, from their GP. On average, wives attended 10 appointments, usually without their

husbands. Almost three-quarters of the fathers went at least once, but those who went on five or more occasions accounted for only 15 percent of all fathers. The remainder never went at all. Fathers who accompanied their wives to the clinic were not admitted to the check-up - they had to wait outside for the whole visit. For many fathers this seemed to be a waste of time, as they had taken a morning off work to sit alone in a waiting room.

Prior to the birth of their own child, men's involvement with infants, particularly at the practical level, was minimal. During the pregnancy over half of the fathers attended at least one "preparation class" - usually a film show - but a few fathers attended a course of classes. Over half had read part or all of a baby book, but few had read any of the parenting magazines. Overall, most fathers had made an effort to prepare themselves for the birth and parenthood, but, in comparison to their wives, their preparations were small.

Nearly all fathers intended on being, and were, present throughout labour. Over three-quarters were with their wives for more than half of the time during labour. The main reason for absence was exclusion by the medical staff for preparations and examinations. During labour, fathers helped their wives mainly by being supportive, but also gave practical help by keeping their wives comfortable, mopping brows and getting refreshments.

Similarly, nearly all fathers wanted to attend the birth and just over 70 percent did so. Of those not present, less than five percent chose not to be, the rest were excluded by the medical staff for either caesarian or forceps deliveries.

Throughout the delivery, fathers continued to be supportive and encouraging to their wives. All reported the birth to be a positive and highly emotional experience, but almost half mentioned having some negative feelings - in particular, feelings of irritability with the medical staff. But, contrary to popular folklore, only one or two fathers felt sick or faint, and none were.

Following the birth, wives stayed in hospital for a week or so. During that week fathers took no part in the care of their

newborns. Their time with their wife and baby was restricted to a few hours each day. But all fathers visited the hospital at least once a day.

With no statutory provision for men to take time off during the perinatal period, it is up to fathers to make their own arrangements. During the pregnancy a few fathers took some time off - mainly half days - to accompany their wives to the antenatal clinic. When babies were born during work hours, fathers took time off to attend the birth, and most took time off later when their wives came out of hospital. The amount of time fathers took off varied considerably, as did the arrangements they made to get this time off. Most fathers took annual leave, but some were given special paid leave by their employers, a few took sick leave, and some just unpaid leave.

When asked for their views on statutory paternity leave, all but a few were in favour of such a scheme, though opinions varied about the amount of time that should be given.

The division of child care tasks in the home during the time when the father was at home varied. Most of the fathers were roughly divided into two groups - one giving moderate help, and one giving little or no help. This left a very small group of fathers (5-6%) who were sharing the child^{care} equally with their wives. So, despite general beliefs that fathers are doing more today (Fenwick and Fenwick, 1974; Nash, 1976; Parke, 1981), the evidence provides a different picture, with fathers' involvement in child care weighted in a 'low involvement' direction. Fathers were found to be more involved in some tasks than others. They were more likely to walk to baby around when it was crying, and feed it during the day, but least likely to change nappies, feed during the night, or give baby a bath. Indeed, two-thirds of the fathers had not bathed their baby by the time of the interview.

The majority of the fathers felt that their wives were better than they at child care, mainly because their wives had more practice. Most fathers had taken sole responsibility for their child at some time. This was usually when their wives went out

shopping, or to see a friend or relative. This only involved fathers being left for a few hours.

A small group of fathers were found to be highly involved in post-natal services, but almost half had never been to the local clinic. Also, most of those fathers who did not attend the clinic did not express any desire to go either.

Overall, two-thirds of the fathers were highly involved in holding and comforting behaviours. Nearly all fathers spent some time each day holding - the exceptions did this most days. When babies were crying or distressed, just over half of the fathers reported that they took turns with their wife in attending to the baby. Only a small group of fathers said that they usually attended, and the rest said that their wives attended. None of the fathers refused to attend to their child on these occasions, and all of them had done so. Two-thirds felt that the baby was comforted by either parent, and most of the rest felt that the mother was more comforting. Only one or two fathers felt that their babies were more comforted by them.

A small group of fathers reported finding it difficult to show affection towards their baby, but most fathers found this easy, and felt that neither parent was better at showing affection.

Overall, 60 percent of the fathers were highly involved in play, and only one father was rated as a low involver in this component. On average, fathers spent just over one hour each day playing with their baby. In relation to their wives, three-quarters of the fathers were doing about half or more of the playing in the time that they were home. The majority felt that neither parent was better at this task.

Fathers' levels of affective involvement during the pregnancy, towards the foetus, about becoming a father, during the delivery, towards their child and about being a father were generally high. For all of these areas of affective involvement very few fathers received a medium-low or low rating. Most men saw themselves as fathers, and reported that they were coping with parenthood "quite

easily", with nearly a quarter saying it was very easy. Only a small group reported experiencing some difficulty.

The inter-relationships amongst the various components of involvement in pregnancy, birth and early parenthood were examined for studies I and II. Overall, only a small number of statistically significant relationships were found in each study. Further, only one of these significant inter-relationships were reported in both studies. The lack of replication of the significant findings in the two samples is puzzling and makes one cautious about generalisation. This may be due to the different techniques of sample selection employed in the two studies. But on each of the components of involvement the ratings for the two studies were highly similar.

These results provide very little evidence to suggest that father involvement in one component implies or predicts involvement in another. What these findings suggest is that father involvement not only varies within each component, but that fathers' levels of involvement are not consistently high or low throughout the perinatal period. For example, one father was highly involved in antenatal services: he accompanied his wife to the antenatal clinic on 18 occasions. Yet he did not attend any form of preparation class at all. After the birth, he was moderately involved in child care and postnatal services, and highly involved in play.

Why this inconsistency in involvement throughout the perinatal period occurs may be due to factors unique to each family. In the example, the father was a shift worker and was home during the day time. His wife was very sick throughout pregnancy and was required to attend considerably more antenatal check-ups. Her husband was concerned about this, and felt that she should be accompanied to the clinic. As he was home during the day, he went with her. On the two occasions he was unable to accompany his wife, he made arrangements for another relative to go with her. When asked about preparation classes, he said that he 'wasn't interested', even though he was able to go. The other factors investigated (social class, father's age, work hours etc.) may also affect the inter-relationships between the various components, but

the size of the sample was too small to develop hypotheses and test these by the data.

Previous studies of father involvement during the first year of parenthood (reviewed in Chapter 04) revealed that considerable variation exists. The findings of the studies reported in this thesis are consistent with those findings, and for a wider range of components of involvement. The literature review also revealed that there is a dearth of information on the role of the father during pregnancy and childbirth. The studies in this thesis show that the variation in levels of involvement found postpartum were also evident during pregnancy. Childbirth, however, was an area where variation was at a minimum. All but a small percentage of fathers wanted to attend labour and delivery, and most of the variation between fathers could be explained in terms of the actions of the medical staff, for example, excluding some fathers from examinations, and failing to inform fathers that the birth was imminent.

Due to the overall high degree of variation in father involvement for each of the components investigated, it is difficult to summarise the findings other than in very general terms. As Parke (1981) states "no single profile of the relationship between father and baby does justice to all fathers". In general, therefore, the profile reveals that throughout the perinatal period, fathers today are highly involved at the affective level (expressed feelings and emotions). They are also highly involved in social components of involvement, particularly in playing with their baby. Father involvement in child care was weighted in the low direction, as was their involvement in preparations, antenatal and postnatal clinics.

PAST IDEAS ON THE ROLE OF THE FATHER AND CURRENT FINDINGS

In Chapter 02 some of the past ideas about the role of the father in the family were discussed. The findings of the studies reported in this thesis do not lend support to those ideas, particularly the theoretical propositions of Bowlby, Winnicott, Parsons and Spock. These writers emphasised the importance of

not implicated. Fathers were portrayed as protectors of, and providers for, the mother and child couplet. Mothers were portrayed as home makers and childrearers. All of the fathers interviewed in the studies reported in this thesis were providers in that they worked out of the home to earn a wage to support their families. Also all of the wives stayed at home to look after the baby. But in contrast to the picture of parenthood drawn by Bowlby and others, the fathers were involved in many areas which were traditionally considered, a woman's domain. For example, fathers attended antenatal appointments with their wives, went to the preparation classes, and to the Child Health clinic. A generation ago, such involvement would have been extremely rare.

In 1958, Spock suggested that it was 'fine' for a father to change a nappy or give a bottle 'occasionally', but he added that there was nothing to be gained by forcing a father to do these things. None of the fathers interviewed in these studies were forced to do anything, but half of them were willing to take on a small share of the childcare tasks, and a small group shared such tasks equally with their wives during the time that they were at home. The chances of finding examples of couples sharing childcare tasks a generation ago would be highly unlikely.

Today it appears to be more acceptable for a man to help his wife with domestic work. Why this is so is a matter for conjecture. Several suggestions have been put forward, mainly related to wider changes in our society which challenge traditional male and female sex-typed roles. Of the most significant have been changes in work patterns for women. By 1980, more than half the women with dependent children in Britain were working (General Household Survey, 1981). Also, women's attitudes to work have changed. A British magazine survey indicated that most women with young children would like to work, even if they had no money worries (Nicholson, 1979). Changes in legislature, for example, on equal pay and maternity rights, have served to emphasise the right of women to a place in the world of work. Beail and McGuire (1982) also point to changes in legal decisions on custody and medical practices during birth which are also significant in changing tra-

ditional practice related to a person's sex. But the changes in levels of father involvement over the last 40 years have been moderate rather than huge. As Oakley (1979) points out "because they help, fathers do not take the main responsibility for child care, or because theirs is not the main responsibility, they must only help".

The clearly delineated sex-role divisions portrayed in the writings of Bowlby and others have become less delineated and less polarised. One could argue that sex-roles have become more ambiguous as the variation found in levels of father involvement suggests that a variety of models of fathering are available for the next generation of fathers.

High levels of father involvement in play have been reported in studies since the early sixties (Newson and Newson, 1963), but Bowlby, Winnicott and Parsons did not incorporate these findings into later editions of their work. Fathers' feelings and emotions were also ignored or not recognised by these writers. Current research has also paid very little attention to this aspect of fatherhood. The studies reported in this thesis show that today's fathers are highly emotionally involved throughout the perinatal period. As this area of men's lives was not commented upon in the forties', fifties' and sixties' literature, it is not possible to judge if fathers have changed here. This is an area of men's private lives, an area which researchers are just beginning to probe.

One area in which men are showing their involvement with their children publicly is in pram or buggy pushing. The majority of the fathers interviewed were keen pram pushers, and expressed feeling proud whilst pushing their son or daughter along the street. This could be seen as a public expression of emotional involvement which was not made readily 30 years ago.

The findings of the studies reported in this thesis are more in agreement with the orientation which De Frain found American childcare manuals to be taking. That is, the burden of child

rearing is not falling exclusively on mothers, and the benefits of childrearing are being shared, as are the responsibilities.

The consequences of men and women sharing childcare equally has already concerned some psychologists, particularly in relation to the possible effects of such an arrangement on children (Radin and Sagi, 1982). But these families are few and far between. Russell (1982) has estimated the shared care-giving families form approximately only one to two percent of Australian families with young children. These fathers spent more time than their wives taking sole responsibility for their children (26 hours versus 16 hours), but even in these families time use estimates suggest that mothers generally take over when they are home, and overall these highly involved fathers spent less time on childcare than their wives did. So things are not as equal as they at first seem.

Studies examining the consequences of higher levels of paternal involvement have shown that children reared in non-traditional families seem to fare slightly better (Lamb, 1982a). The consequences of higher levels of paternal involvement for infants of three months of age are probably minimal, but the consequences on mothers need to be considered. Greenberg and Morris (1974) point out that some women see child care as their domain and resent their husband's involvement. Parke and Tinsley (1981) similarly argue that 'more' does not necessarily mean 'improvement', as increased father involvement may cause conflict and disruption in many families as a result of the threat to well established and satisfying role definitions. But in the case of first-time parents, there are no well-established, satisfying, role definitions as far as being a family are concerned, so couples may simply accept a higher level of father involvement from the beginning of family life. Also, in view of the modest levels of involvement found in these studies, it seems hard to believe that mothers would oppose an increase in the amount of help they receive from their husbands.

FACTORS WHICH MAY AFFECT A FATHER'S LEVEL OF INVOLVEMENT

A further aim of the study was to attempt to account for any variation found in fathers' level of involvement in the various

components. In the review of the literature, a number of possible factors were discussed, and these were presented in the form of a question. Here these questions are posed again and discussed in the light of evidence produced by the two studies.

Does the infant's gender affect father involvement?

Studies which have investigated the relationship between father's involvement and infant's gender during infancy are few, and to date have produced inconclusive evidence. In this thesis the relation between father's involvement and gender was only investigated in study I - the sample for study II contained too few girls. No significant relationships were found. This would suggest that during early infancy the child's gender does not affect a father's level of involvement. One possible explanation for this is that boy and girl infants cannot be distinguished other than by their genitals, which are usually covered by a nappy. They wear the same clothes, do the same things and have the same toys. It is not until later that parents dress them differently, buy sex-related toys and, therefore, relate to their child in a certain way because of its sex. A further point may be that all men in these studies were first-time fathers and were delighted with their newborn, whatever its sex. The evidence suggests that infants' gender is not a factor which affects a father's level of involvement during early parenthood.

Do men's work commitments affect their level of involvement?

It was expected that a father's total hours at work each week would be related to the total number of hours he spent with his waking infant. No such relationship was found, probably because the infant's sleeping pattern confounds this. Therefore men's total hours at work and their total hours with their infant were investigated as separate factors which may affect a father's level of involvement. No significant relationships were found between father involvement during early parenthood and the total number of hours fathers spent with their infants each day.

One significant relationship was found in study I between work hours and involvement in childcare, particularly changing nappies

and dressing, but this finding was not replicated in study II and may have occurred by chance in study I.

The correlational analyses produced little evidence to suggest that father involvement is affected by their work hours, but fathers repeatedly reported that they were prevented from taking part in many areas, for example, clinic attendances and preparation classes, because they could not get time off from work. Men also used work as a reason for not being involved in other areas. The fathers who refused to see to their child during the night all gave the same excuse - "I have to get up for work in the morning". These men did not see their wives' work as being in the same league as their own. So, whilst men's work hours do not seem to affect their levels of involvement, their working conditions do.

Does social class affect a father's level of involvement?

Previous studies which have examined the relationship between social class and father involvement in childcare have produced contradictory results. Social class was investigated as a factor in study I only. It was hypothesised on the basis of previous studies that no relationship would be found, and this was supported. If, however, the hypothesis was formulated on the basis of popular opinion rather than research findings, it would have been directional, as popular opinion maintains that middle-class men are more involved than working class men (see Chapter One). These views are clearly refuted by the data reported in study I.

One explanation for why no differences were found is that working-class men have adopted the ways of the middle-class. In 1973, Young and Willmott argued that egalitarian trends amongst middle-class parents would spread downwards to working-class couples. The findings of this study would not appear to support this view, as very little egalitarianism was demonstrated by either class.

There is also little evidence to suggest that middle-class fathers were more involved with their infants in the past than were their working-class counterparts. Lumis (1982) argues that the role of the father in former times is largely unknown and probably misrepresented through poor quality evidence. He and others

(reviewed in Lumis, 1982) provide evidence to show that working-class fathers were in fact generally affectionate husbands and caring fathers, who participated in domestic labour. Commenting on their study of one year olds carried out in 1959, Newson and Newson stated in 1963 that middle-class fathers tended to help more than working class fathers. More recently, when commenting on the same data, they state that the differences were minimal (Lewis, Newson and Newson, 1982). Data collected approximately five years later by Richards et al (1977) also found no social class differences.

There are no historical data available on father involvement in the other components of involvement investigated in this study. With regard to childcare, popular opinions seem to be unfounded and based on a false supposition, as studies have shown social class to have little or no effect on fathers' involvement.

Social class was found to be confounded by father's age. A separate analysis was carried out in study I to examine the relationship between age and levels of involvement. No significant relationships were expected, and none were found. In study II only one significant relationship emerged - fewer than one would expect on the basis of chance. So fathers' age did not appear to affect levels of involvement in these studies.

Does family network connectedness affect father involvement?

Sociological studies of the family and kinship consistently suggest that there is a relationship between father/husband involvement in housework and childcare, and the availability of relatives - particularly the maternal grandmother - to help the wife/mother. Unfortunately, these studies only present anecdotal evidence to demonstrate the existence of the relationship. Study II in this thesis investigated this relationship in more detail for 35 first-time fathers. Information on family network connectedness and help given by relatives was obtained through a separate interview with the wives. Family network connectedness was defined on the basis of frequency of contact between mother and the infant's maternal grandmother. This criterion was based

on the findings of Young and Willmott's studies (see Chapters *One* and *Six*). Briefly, they found the frequency of contact between mothers and their own mothers to be highly related to mothers' contact with their other relatives. This criterion was found in study II to be a good discriminator between family types.

It was hypothesised that there would be significant relationships between father involvement in all the components and family connectedness. It was expected that fathers in loose-knit families would be more involved.

Significant relationships were found in the expected direction. Fathers from loose-knit family networks were found to be more highly involved in decision-making - in particular those decisions concerning feeding method and vaccinations. Wives from loose-knit families were accompanied to the antenatal clinic and the child health clinic more frequently by their husbands than wives from close-knit families. Close-knit wives were more likely to be accompanied by a close relative - usually their own mother. This picture suggests that in close-knit families the maternal grandmother often takes the role of advisor to her daughter during the perinatal period. Women in loose-knit families turn to their husbands for help and advice, or simply engage their husbands in conversation about issues such as feeding method. This may be why fathers in loose-knit families were also more highly involved in preparations during the pregnancy. These fathers may be expected to be more knowledgeable as their wives required them to be conversant on such issues.

Against expectation, no significant relationship was found between family network connectedness and father involvement in childcare tasks. What was interesting, however, was that 25 percent of wives in close-knit families said that their own mother gave them more help with childcare tasks than their husbands. All of the loose-knit wives reported their husbands to be their main help. Close-knit wives received considerably more help each week with childcare from their relatives than did loose-knit wives. This help did not seem to affect fathers' involvement, perhaps because during the hours when father is home he is usually the only one available to help.

A highly significant relationship in the expected direction was found between family type and father involvement in housework. Not one father shared the housework tasks equally with his wife, but fathers in loose-knit families were significantly more likely to be moderately involved. Also wives in close-knit families received considerably more help from their relatives with housework than did wives from loose-knit families. Whereas a child needs continuous care, housework can be done whilst the husband/father is out at work. In the close-knit families this was probably the case, but in loose-knit families - where the mother is left to cope all day alone - housework probably gets left, and requires the husband's involvement in order to get done. For example, more fathers from loose-knit families came home from work and prepared and cooked the evening meal, whereas in close-knit families this would be done by the wife. Indeed, fathers from close-knit families took a significantly greater share of the task 'walking crying baby around' than did loose-knit fathers in the time that they were home. This single correlation may have occurred by chance, but it also suggests a picture of fathers from loose-knit families coming home from work and cooking the evening meal, whilst fathers from close-knit families come home and carry baby around while their wives cook their meal for them.

For the remaining components - Play, Holding, and the affective components - no statistically significant relationships were found between family type and father involvement. This is contrary to the views expressed by Young and Willmott, who suggest that fathers in close-knit families tend to feel pushed out or left out, and as a result take up interests outside the home. No evidence was found to support this view at this stage in the family life cycle. Maybe as their child grows older fathers in close-knit families will develop interests outside the home, but at this stage all fathers were equally absorbed with being a father.

Of the factors investigated, 'family network connectedness' was the only one to produce more statistically significant relationships than would occur on the basis of chance. Therefore some of the anecdotal reports of sociologists were supported by a more systematic investigation.

This second study also demonstrated that for this area of North London the types of closely-knit families described by Bott, and Young and Willmott in the fifties still exist today, and in greater numbers than loose-knit families. So the more recent views of Young and Willmott - suggesting that the extended (close-knit) family was being replaced by the nuclear (loose-knit) family - were not supported.

RECOMMENDATIONS FOR FUTURE RESEARCH

Fatherhood research is still in its infancy. The studies reported in this thesis provide some new information on the role of the father during pregnancy, birth and early parenthood, but the studies are not without their limitations, and future research is indicated.

The methods used were not perfect. The scales for child care and play contained a number of imperfections. For most components the rating scales were easily interpreted - for example, father involvement in antenatal care was rated according to the number of visits he made to the clinic. The child care rating contained five points, of which three points (all, half, none) represent precise measures of a father's share. But the intermediate points (most, some) cover varying amounts. For example, a father who changes one or two nappies a week is doing 'some', and so is a father who changes one nappy each day. So in future studies this scale would need to be revised to take account of the variation with 'some' and 'most' range.

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Similar to previous studies, it was found that fathers were highly involved in play, and that the variation among fathers was small. Further information on the style and content of play would enable us to distinguish between the qualitative and quantitative nature of involvement in play. Detailed observations would need to be made to obtain such information.

Fathers gave detailed accounts of what happened during labour and delivery. It was clear from these accounts that seeing their

An alternative to using rating scales are visual analogue scales . These scales run from zero to 100 per cent . The subject is required to indicate on the scale the proportion of a task he has done .

With such short scales as those used in the studies in this thesis there arises a further problem . As the samples were small we would need huge differences when making cross tabulations in order to produce a significant result in statistical terms . Consequently the lack of statistically significant relationships reported may be due to the condensed nature of the rating scales. This criticism is particularly relevant to the overall rating scales for father involvement in child care and housework . On the scales fathers were classified as either " High , Medium , or Low ". It would have been possible to derive some form of aggregate score rather than fitting fathers into a small number of groups. By using an aggregate score a greater indication of the variation may have been evident and differences in , for example, social class may have emerged .

The choice of shorter rating scales was influenced by 1) previous studies of father involvement had used such scales., 2) the preference among other researchers at the Thomas Coram Research Unit for such scales., and 3) the guidelines for developing measures of family activities put forward by Rutter and Brown (1966). The criticism put forward in Chapter one of earlier father involvement studies was that no information was provided on what levels of involvement constituted High , Medium

and Low . In this thesis one of the aims was to define each scale clearly so that when a father is given a rating he is rated according to specific criteria rather than relative to other fathers . However , the choice of shorter scales placed limitations on the data.

On the issue of aggregating tasks it has been argued (McKee, 1982) that this technique is misleading as it avoids the complexity of what is being studied and is restricted to the quantity rather than the quality of fatherhood . A further criticism of overall rating scales for child care and housework used in this study and other methods of aggregating is that equal weight is given to each constituent task . It may be the case that being involved in one task , for example changing dirty nappies, should be viewed as a demonstration of greater involvement than say giving a bottle of fruit juice . McKee (1982) argues that we should view each task separately. An alternative approach could be to develop a weighting system . However, this would involve making a considerable number of subjective judgements. But providing that the arguments for the various weightings are stated then the basis and meaning of the rating scale are clear .

If we are to make general statements on the level of father involvement in certain areas then a summary rating or index score is a useful starting point. Interested parties can then be invited to examine each of the tasks which contribute to the summary rating afterwards .

Following on from this point it is apparent that some justification needs to be made for not developing an overall score or index for father involvement in pregnancy , birth and early parenthood . The main reason for not deriving such a score was due to the findings that fathers show considerable variation for each task and they are not consistent in their level of involvement at either one time or over time . Thus by deriving an overall score we may find that fathers with similar overall scores have nothing in common at all in terms of how involved they were during the child bearing year . Thus an overall score would lack meaning. In deriving such a score one would also need to consider whether or not to weight the various components of involvement . But it is arguable that an index score may be useful when examining group differences. A limitation of this study is that this was not attempted and is thus an indication on how we may proceed to investigate father involvement in the future .

Studies of this nature clearly are restricted in what they can achieve. One major criticism of the studies reported in this thesis is the limit placed on detail. In many areas one could have gone into much greater detail particularly in terms of the meaning of fatherhood for fathers , their wives and the effects of differing levels of father involvement on all members of the family. To go into more detail, however , would mean other areas being cut back or cut out . Eliciting more information means a longer interview and more time needed to complete it . It therefore has to be decided

what can be covered , how much time can be devoted to each area and how many fathers can be seen in the available time. The importance of piloting is clearly indicated here. In this study the piloting phase revealed that the interview schedule was too long . The interview had to be tailored to fit the life style of the subjects being studied . It was found that most fathers were not prepared to be seen until after their evening meal and they did not necessarily want the interviewer there all evening . Consequently some areas were cut out and others cut down . As a result the final picture cannot be a total picture of father involvement .

A further limitation is placed on the amount of information that can be reported . One of the aims of this study was to provide a detailed account of father involvement in pregnancy, birth and early parenthood . In the main this was achieved but a considerable amount of qualitative information had to be excluded due to lack of space .

This study used a single approach to data collection- an interview . However, in some areas it is evident that other methodologies have their part to play.

child being born was a highly emotional experience and, as such, may affect their account. To gain further insights into fathers' involvement and experience during labour and delivery, observations would need to be made such as those recently carried out by Woollett, White and Lyon (1982). Also observations of fathers arriving at the Maternity Unit with their wives, waiting in the waiting room, and after the birth at visiting time should be made. The main problem with observing the birth is that the observer intrudes on a very special occasion. But, as Woollett et al have shown, some couples are willing to share this moment with researchers.

A further limitation of these studies was the total number of fathers interviewed. The samples were small, though sufficient for describing a field. The generalisability of findings from one geographical area to others is problematic. Lumis (1982) points out that historical data suggest that father involvement varies from region to region. In Chapter 2 an attempt was made to relate the findings of study I to others. Such an exercise runs into difficulty because the methods used in the various studies are not necessarily comparable, much of the data is new, and no comparable data currently exist. So how representative these fathers are of fathers nationally will only be known when further research has been carried out in other regions.

Lumis has also pointed out that there may be occupational variations in father involvement. The occupations of the fathers in these studies covered a wide range, and their social class distributions were representative of those nationally. One limitation was the absence of fathers in occupations which have been termed 'extreme', such as mining (exclusively and traditionally male), or long distance lorry drivers (who spend long periods away from home). It may be that occupations such as these considerably affect father involvement - an area which requires separate study.

During the period when data for these studies were collected (1981-1982) it was estimated that the father in one in six families was without a job (Moss, 1981). Of the total 75 fathers interviewed, only two were unemployed - fewer than one would

expect. It is possible that men expecting their first child are more likely to stay in work by taking less prestigious jobs or lower paid jobs just because the money is better than State benefits. Also, employers may treat expectant fathers more favourably when cuts in the workforce are made. Despite these possible factors working in the expectant fathers' favour, several of the men interviewed were working out their redundancy, and many were on short time. In view of this, it was not possible to investigate the impact of unemployment on father involvement. With such a high number of fathers unemployed at present, this is an area urgently in need of research.

One factor which has an impact on father involvement is the attitudes of the medical staff at the hospital (Brown, 1982) and the clinic (Kerr and McKee, 1982) to the father. The studies by Brown, and Kerr and McKee, have provided anecdotal evidence to illustrate this point. Further research is needed to point out where attitudes and practices need changing, so that fathers do not feel 'out of place' in these medical settings.

Some factors which may affect father involvement are already being explored. Russell (1978) and Baumrind (1982) have been investigating the relationship between sex-role classification and father involvement. Some researchers have also been investigating the relationship between men's involvement with their child and their feeling about, and attitude towards, their own father (Blendis, 1982; Sagi, 1981). Attitudes of wives towards father involvement also need to be considered. As pointed out earlier, women who see childcare as their domain will resent an involved husband. The studies in this thesis did not investigate the wives' attitudes towards father involvement, but during the interviews with the 35 wives in study II only positive comments were forthcoming. More traditional attitudes were expressed by some of the fathers - so their attitudes towards male domesticity also need further investigation.

Despite the rapid expansion of research on fathers, there are still great gaps in the literature. There is a dearth of longitu-

dinal data. At present, the only longitudinal data available on the role of the father through childhood is that of the Newsoms (Lewis, Newsom and Newsom, 1982). It will be many years before further data will be available. Cross-sectional and comparative data are also rare, as is cross-cultural information.

There are many findings in these studies which may have implications for social policy. For example, men's views on paternity leave, birth attendance and hospital practice. But the case for policy development or change would be considerably enhanced by more large scale surveys. At the same time, further small scale studies are needed to investigate some aspects of fatherhood in detail so that the formulation of new questions and development of new concepts continues.

Psychologists and other social scientists need also to develop their theories about fatherhood. As Richards (1982) points out, there is little interest in the 'social institution' of fatherhood, and that research on fathers is constrained and distorted by the lack of an adequate orientation or theoretical framework.

In the short run, it seems that the study of fathers will continue to thrive as a distinct and separate area of psychological enquiry. The long term outlook is, however, less certain. As McKee and O'Brien suggest 'it is not enough for research merely to turn from mothers to fathers, since this can only be a short term and remedial strategy'. In the long term it will be necessary to broaden approaches to encompass all the family. This shift from a 'father' to a 'family' perspective is evident in this thesis between study I and study II.

IMPLICATIONS OF THE STUDIES' FINDINGS FOR SOCIAL POLICY

During the 1970s an issue has served to focus attention on the role of the father during pregnancy, birth and early parenthood - that is, the dramatic increase in the number of men attending the birth of their child. Why this change in policy took place is unclear. Champions of natural childbirth and maternity rights (for example, the NCT and AIMS) have argued that the medical pro-

fession gave in to their demands that fathers should be present. The National Childbirth Trust argued that fathers were the natural birth partner. Maternity rights campaigners (AIMS) argued that the father's presence was essential to protect women from medical abuse during labour and childbirth. Alternatively, it may be that the British medical profession became more enlightened in view of the fact that in many European countries fathers were routinely admitted to the birth. There is also evidence which suggests that women's attitudes towards husbands' presence during childbirth changed during the 1960s (Woollett et al, 1982), which may have led to more women asking for their husbands during labour. Husbands may also have been admitted purely for economic reasons, such as staff shortages. Which argument is valid is still a matter for debate, but what is clear is that fathers' attendance at childbirth is now the rule rather than the exception in British hospitals.

The findings reported in this thesis show that some fathers today are involved in many areas which were in the past considered to be a woman's domain. It is possible that the rise in the number of men attending the birth has had a generalising effect on other areas of potential involvement during the perinatal period. For example, now that men are attending the birth, some may feel they need preparing for the event and, as most fathers interviewed in these studies indicated, feel that preparation classes should be available for expectant fathers.

In view of the evidence which shows that the role of the father is changing in the direction of greater involvement in the family, it seems timely to conclude this thesis by making some recommendations for social policies designed to facilitate this change. Due to our limited knowledge of fatherhood, it is not possible to suggest the 'best' way of doing things. At this stage, any changes in policy should aim to increase the options available to fathers, and not prescribe what their role should be. In most of the components of involvement investigated in this thesis, change in current practice was indicated. Therefore a package of measures would seem to be required.

The importance of men's preparation for birth and parenthood is increasingly being stressed in the popular parenthood literature (see, for example, Jolly, 1977; NCT, 1980; and Pugh, 1979). The opinions being expressed on preparation for fatherhood by today's 'advice givers' are a recent development. They argue that if men are to attend labour and delivery, then they need preparing for the experience. Child care and child-rearing are no longer believed to be a woman's 'natural' role in life. As DeFrain has pointed out, child care experts consider these to be more of a joint venture which requires joint preparation. These views are starting to have some impact. This study has shown that courses of classes were available to a small group of fathers, and a single class was offered to most of them. Courses of classes were, however, available to all mothers at their local clinic, whereas the classes for couples were run at clinics outside the study area. The health visitors who ran the preparation classes for mothers considered the content of these to be unsuitable for fathers, as much of the time was spent on breathing exercises. Kitzinger (1979), on the other hand, argues that men who attend childbirth need to know about this if they are to help their wives through labour and delivery. The health visitors are correct in some respects. If classes are to be run for couples, then the curriculum must be changed to facilitate the needs of both partners.

Preparation for parenthood need not wait until pregnancy. Parenthood training, including information about foetal and infant development, labour and birth, infant care and the needs of children, could be provided throughout secondary school. This is currently happening in some schools. But, as Pugh (1979) points out, such classes tend to be offered to less able children, and usually only girls. In view of the fact that all school children are potential parents, Pugh (1979) argues that children of all abilities and both sexes should receive instruction in this area.

Although many expectant fathers accompany their wives to the antenatal clinic, hospitals have not made efforts to facilitate them. The fathers in these studies reported being left waiting - often for hours - alone in the waiting area at the clinic. Their wives

were taken off to sit or lie in cubicles, to be examined by various medical personnel. Wives, too, were often left alone for long periods of time between examinations. One change in policy would be to allow husbands to stay with their wives and keep them company during the long waits. The father would also hear firsthand about his wife's progress. Excluding fathers from the scan also seems to be an unnecessary policy, and one which is regularly violated by the medical staff. The fathers in these studies who attended the scan welcomed the opportunity.

Today, many hospitals not only allow husbands to attend the birth of their child, but also encourage them to do so. Paradoxically, however, the medical profession still views fathers as peripheral to the process (Brown, 1982; Richman, 1982; Woollett et al, 1982). It was clear from these studies that fathers were involved during labour and birth by being supportive as well as giving practical help. But, at the same time, they had no recognised responsibility. Kitzinger (1979) argues that the father who attends the birth is not just there as a 'hand-holder' or 'voyeur' of delivery, but needs to have a positive role. One radical innovation being tried out in some American hospitals is to encourage fathers to deliver their babies themselves under the supervision of medical staff. This has not yet been tried out in Britain, but some British hospitals encourage fathers to be involved in a more ritualistic way, by cutting the umbilical cord.

Many obstetricians in Britain still refuse to perform a forceps delivery with the father present, and the vast majority of fathers are excluded from caesarian deliveries. One reason given by doctors for the continuation of this policy is the same one that was used to keep fathers out of the delivery room in the past - that is, he might faint, or feel sick. There is no evidence to support this view. In the United States some hospitals allow fathers to attend forceps and caesarian deliveries, and studies carried out in these hospitals show no adverse effects as far as the fathers are concerned (Parke and Tinsley, 1981). Therefore there are no valid reasons why British fathers should continue to be excluded.

Following the birth fathers were usually told to go home, whilst many would have preferred to stay with their wife and newborn.

Indeed, during the first week postpartum, father-newborn interaction is usually limited to a few hours each day - visiting time. If mother-newborn interaction was so restricted there would be a public outcry, but little concern is expressed about limited father-newborn interaction. One of the obstacles to increasing opportunities for greater father involvement at this time are the attitudes of the nursing staff. Brown (1982) points out that maternity units are situated in hospitals, and hospitals are institutions with institutional atmospheres. Wards have routines, and ward staff run the ward according to the routine. The routine includes visiting time - the time when fathers are allowed on to the ward. The staff do not allow fathers on to the ward at any other time, except in exceptional circumstances, at the discretion of the ward sister. An attempt to change the ward routine to include longer visiting periods for "fathers only" was made by a researcher at the hospitals where most of the couples in these studies had their babies (Blendis, personal communication). This change was met with considerable opposition at all levels. After 18 months of negotiations and committee meetings, the go ahead was given for a short period of extra visiting time for fathers, for the duration of the research project only.

Some studies in Sweden and the USA have made successful interventions into the hospital routine, and evaluated the effectiveness of their intervention. These studies have given fathers extra time with their newborn (Pannabecker, 1977; Keller, Hildebrandt and Richards, 1981), and provided educational programmes for fathers (Lind, 1974; Myers, 1982). These studies suggest that it is possible to increase father involvement with their newborn by making simple alterations to the hospital routine which give

fathers greater opportunities to be involved during the postpartum stay. These studies are exploratory in design and much further research is needed in this area before suggestions for policies can be made.

Those fathers that needed to, took time off work to attend the birth of their child. During their wives' stay in hospital, few fathers took time off, but when mother and baby came home the majority of fathers did so. The amount of time men were at home varied, but in view of their reluctance to take time off work to be involved in other areas, this could indicate the importance fathers attach to being at the birth and at home when their babies come home. Indeed, 95 percent of the fathers were in favour of a State paternity leave scheme. At present, men are not entitled to time off to attend the birth, or after the birth. Recently, a small number of employers have introduced formal agreements for paternity leave with employees' Trades Unions, and others have started to operate informal policies (EPOC, 1978). Titmus (1953) called such arrangements 'miniature occupational welfare states'. The fathers in these studies either took annual leave or were given leave informally by their employer. There were also a small number of fathers who just failed to turn up, or reported sick. Titmus opposes such arrangements as currently exist for paternity leave. He argues that these arrangements imply 'less rather than more freedom of choice and, consequently, less rather than more control by the worker over his own affairs'. Such arrangements are unfair because some men with a sympathetic employer or a strong Trade Union would get time off without difficulty, whereas other workers without these would be deprived of such a benefit.

A solution to this problem could be the introduction of a State scheme such as the one introduced in Sweden. The fathers in these studies clearly demonstrated their support for such a scheme. The need for paternity leave has also been recognised by childcare experts (Fenwick and Fenwick, 1979; NCT, 1980) and social reformers (see Moss and Fonda, 1980). These views are, however, rarely acknowledged. In 1979 an attempt was made to introduce seven days of statutory paternity leave through a Private Member's Bill in

the British Parliament. An opponent described the ideas as 'grotesque', 'an incitement to a population explosion', and 'an absurdity' (Hansard, Commons, 31.1.79, Col.1496). In an earlier debate, Conservative MP Linda Chalker argued that such a scheme would 'disrupt the whole of industry'. Such sentiments were not supported by the research reported here. The majority of fathers interviewed took time off without opposition from their employers. It also seems unlikely that a week or so extra leave for men following the birth of their child is sufficient incentive to have more children.

The need for paternity leave has been recognised in a recent document published by the Equal Opportunities Commission. Paternity leave is generally understood to mean leave taken to attend the birth and in the immediate week or so following. This definition is extended in the EOC document to a more flexible one, which covers eventualities where the father's presence is required prior to the birth and some time after the birth. The Commission draws attention to the argument that the introduction of such schemes would be too costly. They take issue with this argument and suggest that existing resources would meet the demand. Prior to 1981, the Maternity Pay Fund had shown a substantial surplus, and the EOC suggests that this could be used to cover the cost of paternity leave.

Moss and Fonda (1980) also favour the introduction of paternity leave entitlement. They suggest some alternative sources of funding which could be utilised. Firstly, the cost could be wholly or partly met from increased national insurance contributions. Secondly, they suggest that the withdrawal of the married man's tax allowance, and its replacement by an ordinary single person's tax allowance, would provide additional revenue to cover some of the cost. They also suggest that employers could meet a share of the costs, by paying a larger insurance contribution or a levy into funds specifically earmarked to provide leave benefits.

Despite these recommendations and suggestions, a change in policy looks unlikely in the near future. Although the present govern-

ment has 'recognised the value' of paternity leave provision, it suggests that 'this is a matter best left to individual negotiation and collective agreement' (Hansard, Commons, 18.7.80, Col.731). The consequences of this policy are, as Titmus (1953) points out, favourable only to those employees with strong Trade Unions or sympathetic employers. Such an approach is not, therefore, favoured by social reformers (see, for example, EOC, 1980; EPOC, 1978; Moss and Fonda (eds), 1980).

In some countries parental leave schemes have been introduced. Leave can be taken while a child is in its infancy, or shorter periods can be taken when an older child is ill. In Sweden, the Parental Insurance Plan was introduced in 1974. This scheme allows up to six months paid postnatal leave to either parent, and enables parents to take time off to care for sick children. In Norway, parents are allowed to take 12 weeks postnatal leave; in West Germany, employees can take five days leave a year when a child is sick.

The most radical scheme is that introduced in Sweden, but a recent report (Lamb, 1982) suggests that, despite an intensive campaign, fathers have been slow to take up the opportunities. Lamb (1982) reports that the proportion of eligible fathers taking at least one month of paid leave has increased slowly, but seems to have stabilised at five percent. Such a low take-up rate could be used to argue against the introduction of such a scheme in this country, but other statistics do give a more positive picture. Kameron (1980) reports that the total number taking leave is 14 percent, and the number taking leave in connection with a sick child is 40 percent. Commenting on these figures, Moss and Fonda (1980) state 'like most innovating measures, the initial response is unlikely to be a good indicator of future use, the full impact will only be apparent over 15-20 years'.

The Swedish scheme has a number of drawbacks, which may explain why take-up has been slow to develop. Lamb points out that both parents cannot take leave simultaneously. This goes against the view of parenthood as a joint venture and maintains one parent at home and one at work, the result being that traditional practices

continue, with the women staying at home and the men going out to work.

A further drawback emerges six months after the birth. From this point, parental leave payments are reduced to the minimum rate of three pounds a day from the maximum of twenty-six pounds a day. Lamb sees this as a major deterrent because, in his view, it is after the first six months that fathers prefer to take leave, because their infants have been weaned by then. Lamb also suggests that some fathers may fear retribution at work, despite legal guarantees.

The EOC argues that a framework for the introduction of parental leave already exists in the UK in that the postnatal period of maternity leave extends to six months of the birth of a child. But future policy developments should first take note of the results of the Swedish scheme so that the drawbacks encountered can be avoided.

A small but substantial minority of fathers attend welfare clinic appointments with their wife and baby. These fathers were usually keen to know how their baby was doing, or, in some cases, just to see what happens at the clinic. Such places, however, are not designed to facilitate fathers. The notices on the walls and the instructions of what to do and where to go are directed at mothers. The staff also address the mother, as fathers stand back and simply observe (Kerr and McKee, 1981). As a result, they see little point in going again. On the other hand, if the clinic staff directed their service to both parents, changed their notices, and encouraged fathers to take an interest in the information they provide for parents, fathers would probably become more involved. The fathers who did go to the clinic took time off work to do so, and this demonstration of interest by fathers should not be discouraged.

Overall, quite a number of policy changes would seem to be required to facilitate the changing role of the father. It has been stressed that all policy changes should involve increasing opportunities, rather than prescribing a role, for fathers. As Richards (forthcoming) states about fathers at the birth:

'It is quite wrong for hospitals to have rules excluding fathers and equally damaging for them to pressure for them to be there.'

The findings of these two studies show that there is a considerable degree of variation in the role of today's father during pregnancy, birth and early parenthood. Even though fathers today are more involved, there are still many men who have not made the break with traditions. These men view pregnancy, birth and the care of children to be primarily, if not exclusively, a woman's domain. Other fathers are willing to take a minor role, some a moderate role, and a few want to share these events with their partner. This picture of fatherhood, with all its diversity, is a move away from the picture drawn in the earlier sociological and psychoanalytic theories of Parsons, Bowlby and others. Clearly delineated sex-roles no longer exist in all families, even though the traditional 'woman at home/man at work' distinction continues to exist for the majority of new families. The social institution of fatherhood could be said to be in a state of flux. Psychologists and other social scientists need to monitor this change, its antecedents, and its impact on the family and society. Social policies need to take into account both current variations and future trends. The impact of policies on fathers, mothers, infants, the family and societal institutions should also be monitored. Therefore there is a considerable amount of work to be done before we can begin to understand and appreciate the diversity and complexity of fatherhood.

APPENDIX 1

THE INTERVIEW

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TEXT IN ORIGINAL IS
CLOSE TO THE EDGE OF
THE PAGE

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AVAILABLE

Poor text in the original
thesis.

Some text bound close to
the spine.

SECTION 1
BACKGROUND

Card 1

1	Father no.	<div>1<div></div></div> <div>2<div></div></div>
2	Date	<div><div></div><div></div><div></div><div></div></div>
3	Length of Interview (in minutes, to 1st 2 digits eg, 90=09, 110=11, 145=15)	<div>5<div></div></div> <div>6<div></div></div>
4a	Sex of Child Male = 0 Female = 1	<div>7<div></div></div>
4b	Age of child (in weeks)	<div>8<div></div></div> <div>9<div></div></div>
5	Child's date of birth	<div><div></div><div></div><div></div><div></div></div>
6	S. age	<div>10<div></div></div> <div>11<div></div></div>
7	Where born Camden = 0 Islington = 1 Westminster = 2 Enfield = 3 Redbridge = 4 Haringey = 5 Barnet = 6 Other L.B. = 7 Outside London = 8	<div>12<div></div></div>

SECTION 1
BACKGROUND

card 1

8 How old were you when you left school
 (or FT Ed (actual age))

13	14

9 Do you have any qualifications
 Highest academic qualification
 None = 0
 Higher degree = 1
 Higher dip, cert = 2
 GCE 'A' level = 3
 GCE 'O' level = 4
 Clerical, commercial apprenticeship = 5
 CSE = 6
 Other = 7

15

10 Are you married
 Yes = 0
 No = 1

16

11 How long have you been living together
 Years and months
 9+ = 9

17	18	19	20

SECTION 1
BACKGROUND - WORK

12 * What is your main job now

COVER:

- are you self employed or
employee

- what is your basic week (hours/week,
day/week)

- do you have any choice about when
you work your basic hours

AND IF SO

How much

SECTION 1
BACKGROUND - WORK

13 * Do you ever work at home

COVER:

- How often have you done this
in the last month
- How typical is this of the last
3 months
- How many days a week do you work
at home
- When you work at home do you work
during the day v evenings,
weekdays v weekends

SECTION 1
BACKGROUND - WORK

Main job: evening, night and weekend

14 * Do you ever work evenings, nights or at weekends

FOR EACH COVER:

- How often in the last month.

no. of weekends worked

no. of eve /nights worked

- How typical is this of the last 3 months

- Is this worked as basic hours or overtime
or if both % worked as basic

FOR EVENINGS ONLY

- What time do you usually finish

FOR WEEKENDS

- How much Saturday morning/all day
Sunday morning/all day

NB EVENINGS = any spell of work lasting for 1hr or more after
18.00 hours

NIGHTS = any spell of work past midnight.

SECTION 1
BACKGROUND - WORK

Main job : shiftwork

- 15 * How much shift work have you done in the last month
- 16 * How typical is this of the last 3 months

IF CURRENTLY WORKS SHIFTS OR HAS DONE IN LAST YEAR - PROBE

- Are there any advantages or benefits from working shifts
- Are there any disadvantages or drawbacks
- If it was your choice, would you chose to work shifts or would you prefer regular day-time hours
- Why
- What sort of shift would you ideally choose.

SECTION 1

BACKGROUND - WORK

Main job : overtime (hours worked, paid or unpaid, over and above basic hours)

17 * How much overtime have you done in the last month

18 * How typical is this of the last 3 months

IF WORKED OVERTIME IN LAST 3 MONTHS

- Was it (i) paid (ii) unpaid
(iii) both - what % was paid

- How much overtime do you usually
work (i) hours/day (ii) day/week

SECTION 1
BACKGROUND - WORK

Main job : Time away from home (overnight)

19 * How many times have you stayed away from home overnight
because of your work in the last month

20 * How typical is this of the last 3 months

SECTION 1
BACKGROUND - WORK

Second jobs: (paid work in addition to main job)

- 21 * Do you have a second job
- What is the job
 - Why do you do it
 - How much time does this job usually take up in one week
 - Is this typical of the last 3 months

Overall

- 22 * Could you tell me how many hours you have worked in the last week
- 23 * How typical is last week of the last 4 weeks.

SECTION 1

BACKGROUND - WORK - HOME

Day Workers only

- 24 * Could you tell me how much time you and C are at home together in one working day.

For example yesterday (or last working day)

* What time did C get up in the morning?

* What time did you get up?

* What time did you leave home for work?

* What time did you arrive home from work?

* What time did C go to bed?

* During the time that you arrived home and C went to bed, was C asleep for any part of that time?
- how long

* How typical is yesterday of the last working week?

If works eve/nights

- 24 * Could you tell me how much time you and C are at home together in one working day.

For example yesterday (or last working day)

* What time did C get up in the morning?

* What time did you get up?

* What time did you leave home for work?

* During the time of you getting up and going to work, was C asleep for any part of that time?
-how long?

* What time does C go to bed?

* What time do you arrive home?

* How typical is yesterday of the last working week?

SECTION 1
BACKGROUND - WEEKENDS

Weekends

25 * Could you tell me about last weekend

* What time did C get up on - Saturday? _____
- Sunday? _____

* What time did you get up on - Saturday? _____
- Sunday? _____

* Were you and C together all day or
- did you go out - Saturday? how long for ?
- Sunday? how long for ?
- did C go out with someone else - Saturday? how long for ?
- Sunday? how long for ?

* Did C take a nap at all during the day - Saturday? how long
- Sunday? how long

* What time did C go to bed - Saturday?
- Sunday?

* Is last weekend typical of the last 4 weekends?

SECTION 1

BACKGROUND - REPRODUCTION

- 26 * Have there been any previous pregnancies in this marriage
- how many
 - when
 - what was the outcome (miscarriage, termination, stillbirth)
- 27 * Were you and your wife using any form of contraception before the pregnancy began?
- IF YES - type (pill, sheath)
- 28 * Before your wife became pregnant, did you deliberately stop using (LAST METHOD OF CONTRACEPTION) or did the pregnancy happen accidentally?
- IF STOPPED - why

SECTION 2 - PART 1
DECISION - TO PARENT

29 * Some men feel uncertain about having a family of their own or just feel they don't want one

* Was there a time when you never ever wanted children?

IF YES, COVER:

- age

- m/s

- how definite were your views

- did you have any particular reasons for not wanting children.

- have you changed your mind

IF YES

- in what way

- when

- why

30 * Was there a time when your wife never ever wanted children?

IF YES, COVER

- age

- m/s

- do you know how definite - views were

- do you know if they had any particular reasons for not wanting children

- has he/she changed her mind

IF YES

- in what way

- when

- why

SECTION 2 - PART 1

DECISION - TO PARENT

- 31 * Have you and your Sp ever sat down and discussed whether you wanted children or not?

If discussed, probe

- 32 * When did you start discussing whether you wanted children or not?

- 33 * Could you give me a brief account of the discussions you had

COVER:

- was it discussed once or were there several discussions over a period of time - How many and how long.

- 34 * Were there any disagreements

- if so what happened about them?

- 35 * What influence do you think a husband should have?

- 36 * Were any decisions made, or did you just assume you would have children?

IF DECISION, COVER:

- When was it made

- who made it

- what was the decision

SECTION 2 - PART 1
DECISION - TO PARENT

37 * At the time of marriage/starting living together did
you yourself have any views on the time you wanted to start
a family?

IF YES, COVER: - what were they

38 * Did your Sp have any views?

IF YES, COVER: - what were they?

39 * Have your views changed?

40 * Have your Sp views changed?

41 * What are your own views now?

42 * What are your Sp views?

SECTION 2 - PART 1
DECISION - TO PARENT

43

* Have you and your wife ever sat down and discussed the time you would like to start a family.

If discussed, probe:

44

* When did you start discussing the time you would like to start a family?

45

* Could you give me a brief account of the discussions you had.

COVER:

- was it discussed once or were there several discussions over a period of time - How many and how long?

46

* Were there any disagreements

- if so what happened about them?

47

* What influence do you think a husband should have?

48

* Were any decisions made

IF, DECISION, COVER:

- when made

- who made it

- what was the decision.

SECTION 2 - PART 1
DECISION - TO PARENT

If due to failed contraception

49 * Did you and your Sp ever discuss the possibility of having a termination.

IF NO, COVER:

- Did you just assume that you would have the baby?

IF YES, COVER:

- what were your own views

- what were your Sp views

- did your views change

- did your Sp views change

50 * Could you give me a brief account of the discussions you had?

COVER:

- Was it discussed once or were there several discussions.

51 * Were there any disagreements

- if so what happened about them?

52 * What influence do you think a husband should have?

53 * Was a decision made about a termination

- who made it

- what was the decision.

SECTION 3 - PART 1

FEELINGS - PREGNANCY

I am going to ask you some questions about the pregnancy

54 * Could you tell me a bit about the pregnancy?

55 * How pregnant was your wife when she first told you?

56 * How did you feel when you first knew that your wife was pregnant?

- did you have any other feelings as well?

- did you have any reservations or doubts?

- how strong were these?

57 * What sort of pregnancy was it?

- were there any problems?

- how was your wife's health?

- did she have to go into hospital?

58 * Were there any aspects you liked about it.

59 * Were there any aspects you disliked about it.

SECTION 3 - PART 1

FEELINGS-PREGNANCY

60

* You have told me how you felt when you first knew that your wife was pregnant - did your feelings change at all during the pregnancy.

61

* Did the pregnancy change your life in any way?

62

* Did you feel involved in the pregnancy or not?
- in what way?

63

~~* Did you~~ Did you feel that the pregnancy was something to do with you or not?
- in what way?

64

Some men say they have feelings towards their babies during the pregnancy and others say they don't have any feelings until their baby is born.

* Did you have any feelings for your baby during the pregnancy?
- what were they?
- did you have any other feelings as well?
- did your feelings change at all during the pregnancy.
- did anything affect your feelings towards your baby during the pregnancy?
FOR EXAMPLE - scan, quickering, anything else.
- how did this affect your feelings?

SECTION 3 - PART 1

FEELINGS - PREGNANCY

Men feel differently about the prospect of being a father.

65

* Did you think about what being a father would be like?

66

* Did you talk about it to anyone

- who

- what did you talk about.

67

* During the pregnancy how did you feel about becoming a father?

- where you looking forward to it or not.

- did you have any other feelings as well.

- any reservations or doubts - what were these - how strong were they?

- did your feelings change at all during the pregnancy.

SECTION 4 - PART 1
SERVICES - ANTE NATAL

1 68 * I am now going to ask you some questions about the contact
YOU have had with some ante-natal services.

* Did you accompany your wife for her first ante-natal appointment?

IF NO, PROBE

- why not? any particular reason

- What prevented you

IF YES, COVER:

- On whose initiative

- What happened to you at the clinic
(did you stay with your wife at all
times, or did you sit in a waiting room).

- if separated - was any reason given

- were you happy with this - reasons.

69 * Did you want to accompany your wife for her first
appointment

IF YES

- why

IF NO

- why not

SECTION 4 - PART 1
SERVICES - ANTE-NATAL

70

* Did you accompany your wife on any subsequent ante-natal appointments.

IF NO

- why not - any particular reason,
- what prevented you.

IF YES, COVER:

- how many (out of total)

- on whose initiative

- what happened to you at the clinic

- if separated - was any reason given

- were you happy with this

- YES/NO - reasons

71

* Did you want to accompany our wife to any or all of her subsequent appointments

IF YES

- why

IF NO

- why not

SECTION 4 - PART 1
SERVICES - ANTE-NATAL

72 * Did your wife have a SCAN

IF NO GO TO

IF YES

73 * Did you accompany your wife to the SCAN

IF NO

- why not - any particular reason, what prevented you.

IF YES, COVER:

- on whose initiative

- what happened to you at the SCAN
(did you stay with your wife at all times, or did you sit in a waiting room)

- if separated - was any reason given

- were you happy with this

YES/NO - reasons

74 * Did you want to accompany your wife to the SCAN

IF YES

- why

IF NO

- why not

SECTION 5 - PART 1
PREPARATIONS - ANTE NATAL

Some men attend a course of ante-natal classes over a number of weeks, some attend a fathers class or go to see a film

75 * Did you attend a course of ante-natal classes i.e. lasting a number of weeks.

IF YES, COVER:

- how many did you attend (out of total)
- who organised the classes
- for whom were they intended
- what time of day were the classes
- on whose initiative did you attend

76 * Did your wife attend a course of ante-natal classes

77 * Did you want to attend

- why

IF NOT ONLY

78 * Why did you not attend (what prevented you - any reasons)

SECTION 5 - PART 1
PREPARATIONS - ANTE-NATAL

Classes

83

ASK ALL

* Do you think that ante-natal classes should be open to men or not

YES

- why

NO

- why

84

IF NOT OPEN TO MEN

* Do you know why the classes are not open to men
(Were any reasons given)

SECTION 5 - PART 1

PREPARATIONS - ANTE-NATAL

Fathers

Class/film/

Talk

85

* Did you attend

- 1 fathers' class

- a film

- a talk

FOR EACH ASK

- what happened

- was it useful

- anything else

- what did you get out of it

- anything else

IF NOT

- why not

86

* Were there any ways in which the class/film/talk was
not useful or misleading or confusing?

SECTION 5 - PART 1

PREPARATIONS - ANTE-NATAL

Books

87

* Did you read anything on pregnancy, birth or children during the pregnancy?

- could you tell me what

- books

- magazines

- literature, pamphlets from the clinic

you read.

FOR EACH ASK

- how much of it have you read

- did you find it useful or not

- did it put your mind at rest on

anything

- who bought the - book - mag etc.

SECTION 5 - PART 1

PREPARATIONS - ANTE-NATAL

TV/Radio

89 * During the pregnancy did you watch any TV programmes on pregnancy, birth, parenthood or children and childcare.

IF SO, COVER:

- what

- did you make a special effort to watch

- was the programme useful - informative

89 * During the pregnancy did you listen to any radio programmes on this?

IF SO, COVER:

- what

- did you make a special effort to listen

- was the programme useful - informative

SECTION 5 - PART 1

PREPARATIONS - ANTENATAL

Other/
nappies

90

* Had you ever changed a nappy before C was born

IF YES, COVER:

- when, before or during pregnancy
- or both
- how often

90a

* Did you learn how to fold a nappy and how to put it
on in theory?

IF YES, COVER:

- when, before or during pregnancy
- or both?
- did you teach yourself or did
someone show you - who?

91

* Have you ever looked after any of your relatives friends
or neighbours children?

- who
- when before or during pregnancy or
both
- did you feel that this was useful
practice for parenting
- did they ask or did you offer.

SECTION 5 - PART 1

PREPARATIONS - ANTE-NATAL

Other/
Feeding

92

* Had you ever fed a child under three months of age before C was born?

IF YES, COVER:

- when - was this before or during the pregnancy or both?

- how often

93

* Had you ever fed a child of 3 months to 1 year before C was born.

IF YES, COVER:

- when - was this before or during the pregnancy or both.

- how often

94

* Have you ever talked to any parents you know about what it is like to be a parent?

- who

- when - was this before or during the pregnancy or both

- what did you talk about?

SECTION 5 - PART 2
PREPARATIONS - POST

Books

95

* Have you read anything on parenthood, children and child-care since C was born.

Could you tell me what

- books - anything new
- magazines - anything new
- literature, pamphlets, from clinic - anything new

you have read.

FOR EACH ASK

- How much of it have you read?
- Did you find it useful or not?
- Did it put your mind at rest on anything?
- Who bought the book, mag etc home?

SECTION 5 - PART 2
PREPARATIONS - POST

TV/RADIO

96

* Have you watched only TV programmes on parenthood/children/
childcare since C was born?

IF SO COVER:

- what

- did you make a special effort to watch?

- have you found the programme useful?

- did the programme put your mind at rest
on anything?

97

* Have you listened to any radio programmes on parenthood/children
and childcare since C was born?

IF SO COVER:

- what

- did you make a special effort to listen?

- have you found the programme useful?

- did the programme put your mind at rest
on anything?

SECTION 6 - PART 1

BIRTH

Labour

I am now going to ask you about the period around the birth and about the birth itself.

98

* Was the birth close to or on the expected date, late or premature.

IF LATE/PREM

- how late/prem

* Could you tell me in your own words about the labour and birth?

99

* Was your wife in labour when she went into hospital?

IF YES

When your wife went into labour, did you accompany her to the hospital.

IF NO, COVER:

- why not - reason

- did you go to the hospital as soon as possible.

IF NOT IN LABOUR ON ADMISSION

- why did she go into hospital?

- did you accompany her?

IF IN HOSPITAL FOR BLOOD PRESSURE OR REST OR OTHER

- did you go to your wife as soon as

you heard that the labour had started or induction commenced.

SECTION 6 - PART 1
BIRTH

LABOUR

100

* Did you stay with your wife during labour /induction/pre op?

IF NO GO TO Q 117

IF YES

101

* What did you do during labour

- did you help your wife at all?

- anything else?

102

* How long was your wife in labour?

103

* What proportion of time were you with your wife during labour

104

* Any particular reasons why you wer'nt there?

SECTION 6 - PART 1

BIRTH

LABOUR

105

* Were you asked to leave the room for any reason during labour?

IF YES, COVER:

- what reasons were you given
- how did you feel about being asked to leave?
- did you protest
- did you leave

106

* Was there anytime during the labour when you had to go out because you did not feel able to stay?

IF YES, COVER:

- what happened
- did you expect to feel like this
- why did you feel like that

107

* Was there any other time when you found it difficult to make yourself stay during the labour? Any other time you felt distressed or upset, or faint, sick or unwell

- what happened

SECTION 6 - PART 1
BIRTH

LABOUR/
NON
ATTENDERS

108

IF DID NOT ATTEND LABOUR

* Where were you whilst your wife was in labour

- why

109

* Had you intended to be present

IF YES, COVER:

- why weren't you able to attend

110

* What type of birth did your wife have (nat, forceps, epi, caesarian)

111

* Did you attend the birth

IF NO GO TO Q126

IF YES

112

* What did you do during the delivery,

COVER:

- did you help your wife in anyway

- did you assist in anyway

- where did you stand

113

* What proportion of time were you with your wife during the delivery.

SECTION 6 - PART 1

BIRTH

BIRTH

114

* Were you asked to leave the room for any reason during delivery

IF YES, COVER:

- what reasons were given

- how did you feel about being asked to leave

- did you protest

- did you leave

115

* Was there anytime when you had to go out because you didn't feel able to stay?

IF YES, COVER:

- what happened?

- did you expect to feel like this?

- why did you feel like this?

116

* Was there any other time when you found it difficult to make yourself stay? Any(other) time you felt distressed or upset, or faint, sick or unwell?

- what happened

SECTION 6 - PART 1

BIRTH

BIRTH

IF DID NOT ATTEND BIRTH

117 * Where were you during the birth?

- why - why

118 * Had you intended to be present?

IF YES, COVER: - why weren't you able to attend?

119 * When did you first see your wife and baby

- where

IF IN DELIVERY ROOM CONTINUE

SECTION 6 - PART 1
BIRTH

BIRTHROOM 120

* When the baby was born did you have any time with
your wife and baby while you were in the delivery room?

- how much time

- did you have any time alone with your wife
and baby? - How much?

121

* Whilst you were in the delivery room, did you hold or
touch your baby at all?

IF YES, COVER:

- if touched only/held at whose
suggestion

IF NO, COVER:

- why not - were you prevented
from doing so by staff or baby in
S.C.Unit.

- how did you feel about this.

BIRTH

IF ATTENDEDIF NOT GO TO Q137

122

* Looking back on the whole experience of labour and birth,
how much do you remember about it? How clear are your memories?

123

* Is what you remember mostly good, mostly bad, neither in
particular or something else?

124

* What were your feelings while you were present. Were
there things you enjoyed, things you disliked or did not enjoy?

- anything else?

125

* How do you feel now about having been present during
labour and delivery?

- anything else?

126

* Did you get anything out of it. Were there any advantages
or benefits.

Anything you did not like

Any (other) drawbacks or disadvantages?

GO TO Q131

Missing pages are unavailable

SECTION 3 - PART 2

FEELINGS - BIRTH

IF DID NOT ATTEND

127 * Looking back to the time of the birth, how much do you remember about it? How clear are your memories?

128 * Is what you remember mostly good, mostly bad, neither in particular or something else?

129 * What were your feelings whilst your wife was in labour and during the delivery?

- anything else?

130 * How do you feel about having not been present during labour and delivery?

- anything else?

CONTINUE

Your have told me what happened at the birth

131

* Before the pregnancy began what were your views on husband attending labour and birth

- have you views changed?

- when did they change?

132

* Before the pregnancy began what were your wife's views on husbands attending labour and birth.

- have her views changed?

- when did they change?

SECTION 2 - PART 2

DECISION - BIRTH

- 133 * Did you and your wife discuss whether or not you should
attend labour and delivery
- 134 * When did you start discussing this
- 135 * Could you give me a brief account of the discussions you had.
COVER: - was it discussed once or were
there several discussions over a
period of time - How many - How long?
- 136 * Were there any disagreements
IF SO - what happened about them?
- 137 * What influence do you think a husband should have?
- 138 * Were any decisions made
- when made
- who made it
- what was the decision.

SECTION 6 - PART 1
BIRTH

139

* Did you have any worries about attending

- labour - what are they - anything else

- delivery - what are they - anything else

140

* Did you discuss attending, the birth with anyone else apart from your wife

IF YES, COVER:

- who

- when

- did this affect your decision to attend or not

IF SEEN FILM OF LABOUR/DELIVERY

141

* Did this affect your decision to attend or not?

IF YES

- how did this affect your feelings about attending.

142

* Did anything else affect your decision to attend or not

IF YES

- what

- how did this affect your decision to attend or not?

143

* If it was up to you and if you could start again, would you choose to be present for all or part of the labour and delivery or none of it - why?

IF PART - which part - why?

SECTION 6 - PART 2

BIRTH - VISITING

144

* Could you tell me how long your wife stayed in hospital after C was born.

gth of
pital stay

SECTION 6 - PART 2
BIRTH - VISITING

145 * What were the hospital visiting times

146 * How many times did you visit during the day?

147 * How many visits did you make in the evening?

148 * Would you have liked to have visited your wife and baby more often or less often or was the amount you went about right?

149 * Would you like to see any alteration in the visiting times

COVER:

- what changes would you make

SECTION 3 - PART 3

FEELINGS - POST PARTUM

150

* Parents vary alot in how they feel

- could you tell me about how you felt when
you first saw your baby?

151

* Did you feel love when you first say your child or not?

IF NO, COVER: - did this happen later?

IF NO

- how long do you think it might take for
this to happen?

152

* There is the possibility of feeling dissapointment or dislike
for a new baby?

- did you feel at all like this when you first
your baby?

153

* Before the birth, did you have any preference for a boy
or girl.

IF CHOICE/SEX, COVER: - were you immediately dissapointed?

- do you still feel the same way?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

CHILD

- 154 * Would you tell me a bit about C - what is s/he like?
- is s/he healthy
- active
- what is his/her temperament like
- 155 * Has C begun to recognise you yet?
IF YES - when did this first begin
- was it by sight or otherwise
- does s/he smile
- when did you first notice this
IF NO - when do you think this will happen
- 156 * Could you tell me how you feel towards C now?
- anything else
- 157 * Have your feelings changed at all since the birth?
- in what way?
- are there any new feelings, you didn't have when your child was born.
- IF ORIGINALLY FELT NEGATIVE OR DID NOT FEEL LOVE, COVER :
- do you still have any negative feelings
- do you now feel love for C
- IF FEELINGS CHANGED
why - any reasons
- 158 * Is there anything about your reaction or feelings towards C that has suprised you.
- anything else.

CHILD

159

* Is C an easy or difficult baby?

* Is C ever difficult

IF YES, COVER:

- in what way
- when was the last time this happened
- does it happen often - how often
 - times in last week
 - times in last month
- how do you feel when s/he is difficult

IF NO:

- is this because C is a good child or is s/he too young to be difficult?

160

* Does C's behaviour ever make you really cross or irritable?

IF NO CODE, NEVER

IF YES, COVER:

- how S affected
- How often
 - times in last week
 - times in last month

PROBE:

- what sort of things make you feel like this?
- when you feel like this, what do you do?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

161 * Is C ever naughty

IF YES, COVER:

- in what way
- when was the last time this happened
- does it happen often - how often
 - times in last week
 - times in last month
- how do you feel when s/he is naughty
- what do you do when C is naughty

IF NO

- is this because C is a good child or is s/he too young to be naughty?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

162

* Do you ever tap or smack C

IF NO CODE, NEVER

IF YES, COVER

How often

-times in last week

-times in last month

PROBE

- what sort of things do you tap or
smack C for.

163

* Does C behaviour ever get you down?

IF NO CODE, NEVER

IF YES, COVER:

How often

-times in last week

-times in last month

PROBE:

- what sort of things make you feel like
this?

- when you feel like this what do you do?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

164 * Have there been any times when you've found it difficult to cope with C

IF NO, CODE NEVER

IF YES, COVER:

- when

- why

How often

-times in last week

-times in last month

165 * Have you ever lost your temper with C How often -times in last week
-times in last month

* Many fathers get so angry they are afraid of losing control and doing something that might really hurt their child

- have you ever felt like this?

- how often -times in last week

-times in last month

- what happened the last time (what did you do, how did you respond, what was the outcome?).

166 * Have you ever lost control? How often (once or twice or more often)

- what happened

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

167

* It is sometimes said that fathers can feel rather left out in the first few months after the birth of a first child.

- have you felt like this at any time?

IF YES, PROBE

- do you know why you feel like this

- does anything in particular make you feel this way

- do you still feel this way

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

168 * Has there been any period when you felt C was coming
between you and your wife?

IF YES, COVER:

- when

- do you still feel this is the case.

169 * Have you at anytime felt that C has taken your wife away
from you

IF YES, COVER:

- in what way (less energy, less attention
less time, decreased sexual activity)

- do you still feel this is the case?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

170 * Have you at anytime felt that C has intruded on any (other)
aspect of your life?

IF YES, COVER:

- in what way?

- do you still feel this is so?

171 * Do you feel that you personally have any needs that are not
being properly met at present?

IF YES, COVER:

- what

- why are they not being met?

SECTION 3 - PART 3
FEELINGS - POSTPARTUM

172 * Have you, at anytime, wished that things could get
back to the way they were before C came along?

IF YES

- do you still feel like this

173 * Have you at anytime felt jealous of C

IF YES, COVER:

- when

- how often do you feel this way

- do you still feel this way

- what makes/made you feel this way

174 * How do you feel about being a father now?

175 * Is fatherhood as you expected it to be?

IF NO

- in what way different

176 * Give sheet

177 * Do you think of yourself as a father.

SECTION 7

TIME OFF - PREGNANCY

TIME OFF
PREGNANCY

* I am now going to ask you some questions about taking time off for reasons to do with the pregnancy, birth and early weeks after the birth at home.

178

* Did you take any time off for reasons to do with the pregnancy

IF YES, COVER:

- when

- why - what was the reason(s)

- how much time

- how was time off, taken?

- does your employer allow expectant fathers to take time off if they need it, paid or unpaid

- did you have any difficulties getting time off

- what reasons did you give to your employer

179

* Did you feel that you got enough time off

Was there a time during the pregnancy when you felt that you should take time off - but did not?

IF YES, COVER:

- when

- why did you feel that you should take time off

- why did you not take time off

- were you prevented

SECTION 7
TIME OFF - BIRTH

BIRTH

180

* Did you take time off to attend the birth

- how much time

181

* Does your work operate any scheme for men to take
time off for the birth of their child?

IF YES, COVER:

- what?

- did you take it ?

- was it enough?

- did you have any difficulties in getting
time off?

IF NO, COVER:

- could you take time off?

- did you?

- how (sick, holiday, other)?

- was it enough?

- did you have any difficulties
getting time off?

SECTION 7
TIME OFF - POSTPARTUM

- | | |
|-----|---|
| 182 | <p>* Did you take any time off after the birth</p> <p><u>IF YES</u></p> <ul style="list-style-type: none">- when- how much time |
| 183 | <p>* Does your work operate any scheme for time off after the birth</p> <p><u>IF YES, COVER:</u></p> <ul style="list-style-type: none">- what?- did you take it?- was it enough?- did you have any difficulties getting it? <p><u>IF NOT, COVER:</u></p> <ul style="list-style-type: none">- could you take time off?- how?- was it enough- did you have any difficulties in getting time off? <p><u>IF TOOK TIME OFF</u></p> |
| 184 | <p>* Why did you take time off?</p> |
| 185 | <p>* What did you do whilst you were home?</p> |
| 186 | <p>* Have there been any times when you felt that you should take time off, but didn't ?</p> <ul style="list-style-type: none">- when?- why - reason for needing time off?- why did you not take time off?- were you reverted? |

SECTION 7
TIME OFF - OPINION

* Increasingly a number of countries are giving men the right to ~~tæ~~ time off with pay to attend the birth of their child and time off during the first few weeks at home.

187 * If you were offered paid leave how much time would you take off
- what would be ideal?

- to attend birth

- during the first few weeks.

SECTION 2 - PART 3
DECISIONS - FEEDING

188 I am going to ask you some questions about how C is being fed.

* Could you tell me how C has been fed since s/he was born
(ie. tube fed; breast only; bottle only; breast + bottle-
breast main - Bottle main; Breast + solids; Bottle + solids).

189 * Did you have any views on how babies should be fed before the
pregnancy

COVER:

- what are your views
- have your views changed at all

IF YES

- when
- why
- what are your views now?

190 * Did your wife have any views on this before the pregnancy

COVER:

- what were her views
- have her views changed at all

IF YES

- when
- why
- what are your views now?

SECTION 2 - PART 3
DECISION - FEEDING

191 * Before C was born did you and your wife ever sit down
and discuss the method of feeding you would adopt?

192 * When did you start discussing feeding?

193 * Could you give me a brief account of the discussions you had?

COVER:

- was it discussed once or were
there several discussions over a
period of time - how many and how
long.

194 * Were there any disagreements?

- if so what happened about them?

195 * What influence do you think a husband should have?

196 * Were any decisions made or did you just assume 'a' method
would be adopted

IF DECISION, COVER:

- when was it made?

- who made it?

- what was the decision?

SECTION 2 PART 4
DECISIONS - VACCINATIONS

VACCINATION

197

* Has C been vaccinated

IF YES, COVER:

- when ?

- what has s/he been vaccinated against?

IF NO, COVER:

- do you intend to have C vaccinated

198

* Did you have any views on infant vaccination before the pregnancy

COVER:

- what were your views?

- have your views changed at all

- when

- why

- what are your views now?

199

* Did your wife have any views on infant vaccination before the pregnancy?

- what were her views

- have her views changed at all

- when

- why

- what are her views now?

SECTION 2 - PART 4
DECISION - VACCINATION

200 * Have you and your wife ever sat down and discussed whether your baby should be vaccinated?

201 * When did you start discussing vaccinations ?

202 * Could you give me a brief account of the discussions you had?

COVER:

- was it discussed once or were there several discussions over a period of time - How many and how long?

203 * Were there any disagreements? If so - what happened about them?

204 * What influence do you think a husband/father should have?

205 * Were any decisions made

COVER:

- when was it made

- who made it

- what was the decision

SECTION 4 - PART 2
SERVICES C.W.C.

I am going to ask you some questions about the contact
your have had with child welfare services

CLINIC

206

* How many times have you or your wife taken C to the clinic
for "routine visits"

COVER:

- how many times has your wife taken C?
- how many times have you taken C?
- how many times have you taken C together?

IF FATHER TOOK C ALONE OR WITH WIFE, COVER:

207

* At whose suggestion did you go ?

208

* Did you want to go?

IF DID NOT TAKE C TO CLINIC

209

* Would you have liked to have taken C to the clinic?

IF YES, COVER:

- why
- what prevented you from doing so

IF NO, COVER:

- why not
- what are your objections

SECTION 4 - PART 2

SERVICES - GP

210

How many times have you or your wife taken C to the GP?

- how many times has your wife taken C?
- how many times have you taken C?
- how many times have you gone together?

IF FATHER TOOK CHILD

211

* At whose suggestion did you go?

212

* Did you want to go?

IF DID NOT GO WITH CHILD TO G.P.

213

* Would you have liked to have gone with C to the GP.

IF YES

- why
- what prevented you from doing so

IF NO

- why not
- what are your objections.

SECTION 8
CHILD CARE

ACTUAL

214

* I am now going to ask you some questions about child care

SHOW SHEET

* On this sheet there are a number of jobs that looking after a baby entail. For each one could you put a tick in the box which shows how much of each task you do in one week with C when you are home?

* Could you place a tick in the end boxes if you do any of the tasks daily.

* Did you do more or less of these child care jobs in the last week compared to your share in the last four weeks or has your share remained the same over this period?

GO THROUGH ONE BY ONE AND PLACE X IN BOX REPRESENTING
TYPICAL AMOUNT

SECTION 8
CHILD CARE

ACTUAL

215

* Are there any child care jobs which you do not help with

IF YES

- what

- why

* Would you say the amount of help you give with C at present is
about right, not enough or too much?

- why

SECTION 8
CHILD CARE

216

* Have you ever been left with C in your care ON YOUR OWN

IF YES

- when did this 1st happen (how old was C)
- for how long
- how did you get on - did you have any problems.
- has this happened since

IF YES

- how often
- what is the longest period of time that you have been left.
- how did you get on - any problems

IF NO

- why not

IF NO

- why not - reasons

217

SHOW SHEET

* Fathers vary a lot in the help they give with the baby

* Could you look at the next sheet and tick the box that best describes the help you give.

SECTION 9

SOCIAL

HOLDING

219

I am going to ask you about holding and cuddling C

* When did you first hold C

COVER:

- HOSPITAL/HOME
- hold old was C
- at whose suggestion
- had you made any previous attempts to hold C
- who prevented you - why?

IF HELD IN HOSPITAL, COVER:

- how much did you hold C in hospital

220

* Do you remember how you felt when you first held C

- anything else
- had you expected to feel like that?

SECTION 9

SOCIAL

HOLDING

221

* Do you hold C much now (or then for feeding)

* Do you cuddle C

IF YES, COVER:

- could you tell about yesterday (last working day) how much time do you spend holding and cuddling C yesterday

- is yesterday typical of the rest of the week?

- do you enjoy holding him/her or not?

- do you enjoy cuddling him/her or not?

- does C enjoy being held and cuddled or not?

IF NO, COVER:

- why not,

- any particular reason

222

* When C is crying or distressed, and you and your wife are home, who usually goes and picks him/her up and comforts him/her?

IF MOTHER MAINLY

- why - any reasons

IF FATHER COMFORTS CHILD AT ALL, COVER:

- when did you last go to comfort C

- could you tell me about it

- what did you do

- how did you comfort C

- how does C respond

- does C respond differently to you than to your wife.

IF YES - in what way

SECTION 9

SOCIAL

CHILD

223

* Some men find it difficult to show affection and some men find it easy.

* Do you find it difficult or easy to show affection generally what about C.

Do you find it difficult or easy to show affection to him/her?

PLAY

224

* Some people say that you can't play with a baby of this age

What do you think?

225

* How often do you play with C

- how much did you play with C yesterday
(last working day)

- when did you play with him/her

- what did you do

- anything else

- is yesterday typical of the rest of the week?

226

* Does your wife play with C,

227

* Does the kind of play you have with C differ from the play your wife has with him/her.

IF DIFFERENT

- how different?

SECTION 9

SOCIAL

taking out

228

* Could you tell me how many times you have taken C out
on your own

- in the last week?

- why did you take him/her out/where did you go?

- how typical is this of the last month?

- why - do you object - reasons?

IF NONE

FOR THE LAST TRIP OUT, PROBE

- whose idea was it that you took child out

- is this usually what happens

229

* When you take C out on your own do you:-

- carry him/her in your arms or a sling

/push pram or carry cot/go in the car

230

* How do you feel about carrying C when you go out?

231

* How do you feel about pushing the pram/carrycot down the street?

	232	<p>SHOW SHEET</p> <p>* On this sheet there is a list of jobs concerning the care and upbringing of babies. For each one could you tick the statement which best describes how you feel about each job.</p> <p><u>FOR EACH ASK WHEN S FEELS SELF OR SP IS BETTER, COVER:</u></p> <ul style="list-style-type: none">- in what way better- why thinks better(innate - prior experience - practice)						
	233	<p>* Do you feel that you were adequately prepared for parenthood?</p>						
	234	<p>* Can YOU think of anyway in which men's preparation for <u>BIRTH AND PARENTHOOD</u> can be improved?</p> <p>- anything else.</p>						
COPING	235	<p>SHOW SHEET</p> <p>* Could you indicate on this sheet how well you feel you are coping as a parent at present.</p> <table><tr><td>Extremely easily = 0</td><td>With some difficulty = 3</td></tr><tr><td>Fairly easily = 1</td><td>With extreme difficulty = 4</td></tr><tr><td>With a bit of difficulty = 2</td><td></td></tr></table>	Extremely easily = 0	With some difficulty = 3	Fairly easily = 1	With extreme difficulty = 4	With a bit of difficulty = 2	
Extremely easily = 0	With some difficulty = 3							
Fairly easily = 1	With extreme difficulty = 4							
With a bit of difficulty = 2								
	236	<p>* Finally, is there anything else that I haven't mentioned.</p>						

377

APPENDIX 2

Fathers' additional questions
for study II

SECTION II

I am going to ask you some questions about your health.

* During the pregnancy were you ill or have any health problems

IF YES

PROBE

- a) What was the matter
- b) Did the problem affect your ability to do anything
(give examples. Things around the house - shopping - going out
visiting friends and relatives- going to work - attending clinics
and classes- anything else)
- c) Could you tell me how long you were affected?

* Since the birth have you been ill or had any health problems

IF YES

PROBE

- a) What was the matter
- b) Did the problem affect your ability to do anything (eg. as
above + child care)
- c) Could you tell me how long you were affected.

SECTION 10

HOUSEWORK

I am going to ask you some questions about housework

SHOW SHEET

* On this list there are a number of housework tasks.

For each could you tick in the box which shows how much
of each task you do in one week when you are home.

* How typical is this of the last 4 weeks

* Would you say that the amount of help you give is about
right, not enough or too much.

APPENDIX 3

Mothers' Interview

-
- 1 * Could you tell me which of your own relatives you
 see regularly?
- weekly
 - monthly
- 2 * Who are your five most closely related relatives?
- 3 * Have any of them stayed with you since the birth?
- how long for
- 4 * How often have you seen 'relative' since C was born?
- 5 * Do you feel close to 'relative'

SECTION 12

RELATIVES - ASSESSMENT

MOTHER ONLY

- 6 * Who are your five most closely related in-laws
 or other relatives?
- 7 * Have any of them stayed with you since the birth?
- how long for
- 8 * How often have you seen 'relative' since the birth?
- 9 * Do you feel close to 'relative'
- 10 * Are there anyother relatives who you see regularly or
 have stayed with you since the birth?

11 * Did the contact you had with your own relatives
 change

 (i) because of the pregnancy

 - in what way

 (ii) because of C

 - in what way

 (iii) for any other reason (specify)

 - in what way

SECTION 12

RELATIVES - ASSESSMENT

12 * Did the contact you had with your in-laws
 change?

 (i) because of the pregnancy
 - in what way

 (ii) because of C
 - in what way

 (iii) for any other reason
 - in what way

SECTION 12
RELATIVES - ASSESSMENT

- 13 * Did anyone else apart from your husband accompany you to your antenatal appointment

COVER

- who
- actual no. of times

- 14 * Did anyone else apart from your husband accompany you to the Child Welfare Clinic?

COVER

- who
- actual no. of times

SECTION 12

RELATIVES - ASSESSMENT

- 15 * Could you tell me who gives you most help
 with child care

COVER

- Did 'person' help during your first
 week home
- How often does 'person' help now

- 16 * Could you tell me who gives you most help
 with housework

COVER

- Did 'person' help during your first
 week home
- How often does 'person' help now

- 17 * Does anyone else give help with childcare
 or housework

COVER

- Who
- Did 'person' help in 1st week
- How often does 'person' help now
- Whether childcare, housework, both
 or other

SECTION 12

RELATIVES - ASSESSMENT

- 18 * Would you say that the amount of help you are receiving
 with child care is about right, not enough or too much.
- 19 * Would you like to receive more help with child care from
 anyone in particular?
- 20 * Would you say that the amount of help you receive with
 housework is about right, not enough or too much?
- 21 * Would you like to receive more help with housework from
 anyone in particular

SECTION 12

RELATIVES - ASSESSMENT

- 22 * Have you ever left C with anyone apart from you
 husband?

COVER

- Who
- Age first happened
- How long for
- Times happened
- Longest period (hrs)

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An alternative to using rating scales are visual analogue scales . These scales run from zero to 100 per cent . The subject is required to indicate on the scale the proportion of a task he has done .

With such short scales as those used in the studies in this thesis there arises a further problem . As the samples were small we would need huge differences when making cross tabulations in order to produce a significant result in statistical terms . Consequently the lack of statistically significant relationships reported may be due to the condensed nature of the rating scales. This criticism is particularly relevant to the overall rating scales for father involvement in child care and housework . On the scales fathers were classified as either " High , Medium , or Low " . It would have been possible to derive some form of aggregate score rather than fitting fathers into a small number of groups. By using an aggregate score a greater indication of the variation may have been evident and differences in , for example, social class may have emerged .

The choice of shorter rating scales was influenced by 1) previous studies of father involvement had used such scales., 2) the preference among other researchers at the Thomas Coram Research Unit for such scales., and 3) the guidelines for developing measures of family activities put forward by Kutter and Brown (1966). The criticism put forward in Chapter one of earlier father involvement studies was that no information was provided on what levels of involvement constituted high , medium

and Low . In this thesis one of the aims was to define each scale clearly so that when a father is given a rating he is rated according to specific criteria rather than relative to other fathers . However , the choice of shorter scales placed limitations on the data.

On the issue of aggregating tasks it has been argued (McKee, 1982) that this technique is misleading as it avoids the complexity of what is being studied and is restricted to the quantity rather than the quality of fatherhood . A further criticism of overall rating scales for child care and housework used in this study and other methods of aggregating is that equal weight is given to each constituent task . It may be the case that being involved in one task , for example changing dirty nappies, should be viewed as a demonstration of greater involvement than say giving a bottle of fruit juice . McKee (1982) argues that we should view each task separately. An alternative approach could be to develop a weighting system . However, this would involve making a considerable number of subjective judgements. But providing that the arguments for the various weightings are stated then the basis and meaning of the rating scale are clear .

If we are to make general statements on the level of father involvement in certain areas then a summary rating or index score is a useful starting point. Interested parties can then be invited to examine each of the tasks which contribute to the summary rating afterwards .

Following on from this point it is apparent that some justification needs to be made for not developing an overall score or index for father involvement in pregnancy , birth and early parenthood . The main reason for not deriving such a score was due to the findings that fathers show considerable variation for each task and they are not consistent in their level of involvement at either one time or over time . Thus by deriving an overall score we may find that fathers with similar overall scores have nothing in common at all in terms of how involved they were during the child bearing year . Thus an overall score would lack meaning. In deriving such a score one would also need to consider whether or not to weight the various components of involvement . But it is arguable that an index score may be useful when examining group differences. A limitation of this study is that this was not attempted and is thus an indication on how we may proceed to investigate father involvement in the future .

Studies of this nature clearly are restricted in what they can achieve. One major criticism of the studies reported in this thesis is the limit placed on detail. In many areas one could have gone into much greater detail particularly in terms of the meaning of fatherhood for fathers , their wives and the effects of differing levels of father involvement on all members of the family. To go into more detail, however , would mean other areas being cut back or cut out . Eliciting more information means a longer interview and more time needed to complete it . It therefore has to be decided

what can be covered , how much time can be devoted to each area and how many fathers can be seen in the available time. The importance of piloting is clearly indicated here. In this study the piloting phase revealed that the interview schedule was too long . The interview had to be tailored to fit the life style of the subjects being studied . It was found that most fathers were not prepared to be seen until after their evening meal and they did not necessarily want the interviewer there all evening . Consequently some areas were cut out and others cut down . As a result the final picture cannot be a total picture of father involvement .

A further limitation is placed on the amount of information that can be reported . One of the aims of this study was to provide a detailed account of father involvement in pregnancy, birth and early parenthood . In the main this was achieved but a considerable amount of qualitative information had to be excluded due to lack of space .

This study used a single approach to data collection- an interview . However, in some areas it is evident that other methodologies have their part to play.